AN EVALUATION OF GRANT COUNTY CORRECTIONAL SYSTEM

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GRANT COUNTY, INDIANA CORRECTIONAL SYSTEM EVALUATION

INTRODUCTION

Research regarding the effectiveness of correctional interventions in reducing recidivism has identified key areas that should be used in correctional treatment programs. Furthermore, research has found that programs adhering to these principals of effective interventions can reduce recidivism rates up to 40 percent (Cullen and Gendreau, 1999). In response to the research, Grant County has adopted an operational philosophy based on effective interventions in an effort to reduce recidivism in the county. As part of this process, the county contacted the University of Cincinnati Division of Criminal Justice to conduct a system-wide evaluation in an effort to identify the offenders coming through the various components of community corrections in Grant County and to assess the programs and services offered in the county. This report details the findings of the evaluation along with recommendations for fully implementing the "what works" philosophy in Grant County. The evaluation of the Grant County Correctional System will address the following questions:

- **Who is being served by the Grant County Correctional System?**

- **What are the programs and services being offered by private and public service providers in Grant County?**

- **What are the strengths and weaknesses of the Grant County Correctional System?**

- **What improvements can be made to increase the effectiveness of the Grant County Correctional System?**

PRINCIPLES OF EFFECTIVE INTERVENTIONS

With the advent of advance statistical techniques, correctional research has been able to overcome the criticism that "nothing works" in offender rehabilitation. For example, Lipsey (1992) reviewed 443 programs and found that 64 percent of the studies reported a reduction in recidivism with the average being 10 percent. Accordingly, while the average reduction in recidivism for appropriate treatment is 25 percent, there can be even better results under certain conditions (Gendreau and Goggin, 2000). These conditions, called principles of effective interventions, can serve to increase overall program integrity which results in an increased reduction of recidivism. For example, prison programs with a great deal of program integrity can reduce recidivism in the range of 20 to 35 percent whereas programs located in the community may see a 30 to 50 percent reduction in recidivism (Borduin, Mann, Cone, Henggeler, Fucci, Blaske, & Williams, 1995).

In an effort to summarize the conditions necessary for reducing recidivism, Gendreau and his colleagues identified eight principles of effective interventions that will increase the program's integrity. Following are the principles with a brief description of each:

1. ***Programs should be intensive and behavioral in nature.*** Programs should occupy 40 to 70 percent of the offenders' time while in the program. Furthermore, offenders should remain in the program for 3 to 9 months (excluding sex offenders). After offenders are in the program more than 1 year, it is possible that diminished returns will be seen. Research has shown that the most effective programs utilize cognitive-behavioral strategies. This approach attempts to change the offender's cognitions, attitudes, and values that allow for criminal behavior. Cognitive-behavioral strategies employ skills such as: problem-solving, reasoning, self-control, and self-instructional training that are used to refrain from criminal behavior. In addition, effective programs also employ good role models to model the behaviors and have reinforcement system in place to motivate and reward prosocial behavior.

2. ***Programs should target known predictors of crime.*** Research has shown that there are certain predictors of criminal behavior that are amendable to change (Gendreau, Little, & Goggin, 1995). Among the most salient dynamic predictors of crime are: antisocial attitudes, antisocial friends, and antisocial personality. Accordingly, effective programs should target these criminogenic needs since changing these factors will change the probability of criminal behavior. In addition, other criminogenic needs include: chemical dependency, employment, education, and family.

3. ***Behavioral programs will use standardized assessments to identify the risk level, need level, and responsivity issues of offenders.*** Andrews and his colleagues have developed principles of classification. There are three different principles of effective classification – risk, need, and responsivity. The risk principle states that the intensity of the intervention should match the severity of the problem. Higher risk offenders should receive more intensive services and for a longer duration than the lower-risk offenders. The need principle states that in order to reduce recidivism, target for treatment, those factors that are related to criminal behavior. For example, while offenders may have self-esteem issues, self-esteem is not a predictor of recidivism. As such, self-esteem should not be the main focus in the treatment plan. The responsivity principle states that individuals have different learning styles and abilities and these differences may affect the offender's responsiveness to treatment.

4. ***Programs should match the characteristics of the offender, therapists, and program.*** Effective programs will match the characteristics of the offender to the program. For example, offenders who are anxious may not perform as well in a high confrontatious environment whereas offenders who are highly impulsive may perform better in a very structured environment with a high degree of external control. Effective programs tend to match the characteristics of the offender to the therapist. Offenders who are anxious may respond best to therapists who have high levels of interpersonal sensitivity. Effective programs match the skills of the therapist to the group. Therapists who are have a concrete conceptual-level problem solving style will function best in a highly structured program.

5. ***Program contingencies and behavioral strategies should be enforced in a firm but fair manner.*** Effective programs emphasize individualized positive reinforcements for prosocial behavior. Positive reinforcements should be utilized at a much higher rate than punishments (by at least 4:1). Punishments should be used to extinguish antisocial behavior and attitudes and to promote prosocial behavior and attitudes. Punishments should be individualized to the offender, varied, and escape should be impossible.

6. ***Programs should have well-qualified and well-trained staff who can relate to the offenders.*** Staff should be selected on the basis of interpersonal skills such as: clarity, warmth, openness, and ability to set limits. The staff should have a

four-year degree in a helping profession and should receive 3 to 6 months of formal and on-the-job training in behavioral interventions. Furthermore, staff should be monitored and receive clinical supervision.

7. ***Programs should provide relapse prevention strategies.*** Programs should instruct offenders how to anticipate problem situations and to plan and rehearse alternative prosocial responses. Furthermore, programs should provide offenders an opportunity to practice these responses in increasingly difficult situations. Programs should work with family members by encouraging family members to provide reinforcement for prosocial behavior. Aftercare should be an integral part of all treatment programs. The aftercare component should be based in behavioral interventions.

8. ***Programs should adhere to a high degree of advocacy and brokerage with other agencies in the community.*** Programs should develop a network with other community agencies to provide additional support for offenders.

It is within the context of these that we evaluated the Grant County Correctional System.

GRANT COUNTY

County Demographics

Established in 1832, Grant County, Indiana is located in the north central portion of the state. The US Census estimated the county population as 73,403 individuals in 2000. Of these individuals, 52 percent were female with the median age being 37.4 years. Eighty-nine percent of the residents were white and 53.7 percent of the individuals were married.

Programming

In 1981, the county established Grant County Community Corrections to provide alternatives to incarceration. Grant County Community Corrections currently operates the following programs: work release, community service, Step-Out, SHOCAP, home detention, inmate work program, jail addiction treatment, truancy intervention program,

and *Thinking For A Change*. The county also has the following contracted services: intensive home-base services, adolescent drug and alcohol services, adult drug and alcohol services, sex offender services, and batterer's program. In addition to the above programs, the juvenile probation department operates the POOL School which provides an alternative school setting to youth expelled from traditional school.

METHODS

Data Collection

Three types of data were gathered for analysis in response to the research agenda. First, data from adult and juvenile probation departments were gathered by the University of Cincinnati staff. A random sample of 200 adult probationers and 100 juvenile probationers sentenced from 1997 to 2001 were collected. The data consisted of: demographic and social information, current criminal offense, criminal history, and criminal justice placement. Second, data were gathered from surveys of agency staff as to what correctional interventions are being offered in Grant County and to whether they understand the literature on "what works" in correctional treatment.

In addition to the quantitative data for measuring interventions, data were gathered from interviews conducted on program staff using the Correctional Program Assessment Inventory (CPAI) (Gendreau and Andrews, 1989). The CPAI provides a standardized, objective way for assessing the quality of correctional programming against empirically based standards. The CPAI is designed to ascertain how well the program is meeting the principles of effective intervention. There are six primary sections of the CPAI: program implementation, client pre-service assessment, program characteristics, staff characteristics, evaluation, and other. Each section of the CPAI consists of 6 to 26

items with a total of 77 items. Each of these items is scored as "0" or "1." For an item to be score "1", the program must demonstrate that it has meet the specified criteria. Each section is scored as either "very satisfactory" (70% to 100%); "satisfactory" (69% to 60%); "needs improvement" (59% to 50%); or "unsatisfactory" (less than 50%). The overall total score is summed across the six sections and the same scale is used in determining the overall assessment. Data from the CPAI are gathered through structured interviews with program staff. Other sources of information include examination of program documentation, review of case files, and observation of program activities. The CPAIs occurred during the months of August and September 2002.

Description of Programming Available in Grant County

Substance Abuse. Substance abuse treatment is provided to both juveniles and adults in Grant County. The majority of offenders receiving drug and alcohol treatment receive services from Trinity House and Cornerstone, private providers in Grant County. Jail inmates and some individuals on home detention receive services through Community Corrections. While services range from detoxification to outpatient, the majority of offenders are provided services in the form of outpatient education and intensive outpatient treatment.

Home-based Services. Home-based services are available for juvenile offenders who are experiencing difficulty in a number of domains. Local providers, including Family Services, Cornerstone, and Preventative Aftercare, meet with youth and their families at home and in the schools. In addition to individual sessions, family counseling is provided in an effort to improve family functioning and communication.

Domestic Violence. Programming aimed at individuals who are violent in an intimate relationship is offered through Family Services. Both men and women are eligible for this group, though the majority of participants are male.

Sex Offender. Family services also offers sex offender treatment to youth and adult offenders convicted of a sex offense or found to be in need of sex offender treatment. Similar to the batterer's program, the program provides outpatient services to both men and women.

Education. Grant County Juvenile Probation and Marion Community Schools have a collaborative agreement through which they operate the POOL School. The school provides a structured learning environment for youth who are at risk for expulsion from traditional school. The program is only offered during the school year and is only provided to juveniles on probation.

Jail Services. The Grant County Jail provides the following services to adult offenders: work release, inmate work program, and jail addiction treatment. The inmate work program and work release program is used to allow offenders to learn job skills and provide a service to the community whereas the jail addiction treatment is a self-help program which focuses on responsibility and accountability for substance abusers.

Cognitive Groups. Grant County Community Corrections had implemented the *Thinking For A Change* curriculum that is utilized in the juvenile detention, jail, and probation departments. The *Thinking For A Change* curriculum is based on a cognitive-behavioral model which enables offenders to identify thinking errors and practice skills that are necessary to refrain from criminal behavior.

RESULTS

Social demographic data were collected in order to describe the Grant County Community Corrections population. By knowing the type of offender Grant County serves, we can tailor the recommendations more closely to the population. This section profiles a random sample of 200 adult probationers and 100 juvenile probationers. Specifically, this section will address the following question:

- **Who is being served by the Grant County Correctional System?**

Adult Probationers

Social Demographic Information. Table 1 reveals the background information for the 200 adult probationers sentenced from 1997 to 2001. The majority of offenders (76.2%) were male and white (76.2%). While a large number of offenders were under the age of 25 at the time of arrest (40.3%), the typical offender was 31 years of age. Furthermore, the majority of adults (76.1%) were single and employed (54.1%) at the time of sentencing. Finally, the typical offender in Grant County was uneducated with only 52 percent of the probationers having a high school diploma.

Criminal History. As illustrated in Table 2, the majority of the adult probationers were not arrested (74.6%) or adjudicated as juveniles (82.5%). However, they did have prior adult arrests (71.4%) and convictions (66.3%). Sixty-two percent of the adults had a prior period of probation, while 31.7 percent had a prior commitment to jail. Although a majority of offenders had prior records, few (7.9 %) had served a period of time in prison.

Current Charge. As shown in Table 3 the most common arrest was for driving under the influence (41.3%) followed by property crimes (16.0%), drug offenses (15.5%)

Table 1. Adult Demographic Characteristics

Characteristics	N	Percentage
Gender:		
Males	157	76.2
Females	49	23.8
Race:		
White	157	76.2
Nonwhite	48	23.8
Age:		
17-25	79	40.3
26-30	31	15.8
31-35	28	14.3
36-40	22	11.2
41-45	15	7.7
46-50	14	7.1
Over 50	7	3.6
	$\bar{x} = 31.10$	
Marital Status:		
Married	21	23.9
Single	67	76.1
Educational Level:		
Less than high school	36	46.1
High school	41	52.6
Some college	1	1.3
Employment Status:		
Employed	53	54.1
Unemployed	45	45.9

Table 2. Adult Criminal History

Characteristics	N	Percentage
Prior juvenile arrest:		
Yes	47	25.4
No	138	74.6
Prior juvenile adjudication:		
Yes	29	17.5
No	137	82.5
Prior adult arrest:		
Yes	137	71.4
No	55	28.6
Prior adult conviction:		
Yes	122	66.3
No	62	33.4
Prior probation period:		
Yes	114	62.3
No	69	37.3
Prior commitments to jail:		
Yes	52	31.7
No	112	68.3
Prior commitments to prison:		
Yes	11	7.9
No	128	92.1

Table 3. Adult Current Charges and Disposition

Characteristics	N	Percentage
Current Charge:		
Personal (includes sexual crimes)	23	11.2
Property	33	16.0
DUI	85	41.3
Drugs	32	15.5
Other	33	16.0
Level of Offense:		
Felony A	4	2.0
Felony B	16	8.0
Felony C	25	12.4
Felony D	46	22.8
Misdemeanor A	34	16.9
Misdemeanor B	11	5.5
Misdemeanor C	65	32.3
Jail Time:		
Yes	59	45.4
No	71	54.6
Prior Conviction for Same Offense:		
Yes	46	27.1
No	124	72.9
Case Status:		
Probation	169	82.0
Work release	1	0.5
Prison	17	8.3
Fines	85	41.3
Jail	35	17.0
Split sentence	37	18.0
Probation violation	18	8.7
Community service	24	11.7
Area of Needs:		
Employment	19	9.2
Substance abuse	67	32.5
Mental health	27	13.1
Domestic violence	1	0.5
Education	22	10.7
Family	2	1.0
Physical health	13	6.3

and personal crimes (11.2%). The majority of the arrests were for misdemeanor offenses (54.7%) or lower level felonies (felony D – 22.8% and felony C – 12.4%). Forty-five percent of the sample served jail time for the current offense and 27.1 percent of the adults had a previous conviction for the same offense.

Information concerning the case status was obtained from pre-sentence investigations and court documents. Probation was ordered for 82 percent of the sample. Forty-one percent of the offenders were ordered to pay fines. Jail was received for 17 percent whereas prison was recommended or received for 8.3 percent. Finally, information pertaining to the areas of need for the offenders was available for 151 offenders. The largest need area was substance abuse (32.5%) followed by mental health (13.1%), education (10.7%), employment (9.2%), physical health (6.3%), and family (1.0%).

Juvenile Probationers

Social Demographic Information. Table 4 shows the demographic information for 100 juvenile probationers. Whereas the adult offenders were typically male, the juvenile offenders were almost evenly split between males (51%) and females (49%). Similar to the adult sample, the majority of the juveniles were white (71.0%). The juvenile probationers were relatively young with half of the sample between the ages of 11 and 13 and the average age at arrest being 13.33 years. Finally, 71 percent of the sample was in middle school (grades 5 through 8) and, as expected, 97 percent were unemployed at the beginning of the probation period.

Criminal History. Whereas the majority of the adult sample had a previous arrest or incarceration, Table 5 indicates the majority of the juveniles did not have a prior arrest

Table 4. Juvenile Demographic Characteristics

Characteristics	N = 100	Percentage
Gender:		
Males	51	51.0
Females	49	49.0
Race:		
White	71	71.0
Nonwhite	29	29.0
Age:		
7 – 10	12	12.5
11 – 13	48	50.0
14 – 17	36	37.5
	$\bar{x} = 13.33$	
Educational Level:		
Less than 5th grade	15	16.0
5th grade – 8th grade	67	71.3
9th grade – 11th grade	12	12.7
Employment Status:		
Employed	3	3.1
Unemployed	95	96.9

Table 6. Juvenile Criminal History

Characteristics	N	Percentage
Prior juvenile arrest:		
Yes	29	30.0
No	69	70.0
Prior juvenile adjudication:		
Yes	21	21.9
No	75	78.1
Prior probation period:		
Yes	15	15.5
No	82	84.5
Prior commitments to detention:		
Yes	5	5.0
No	95	95.0

(70.0%) or a prior adjudication (78.1%). Moreover, only 16 percent of the juveniles had a prior probation period while only 5 percent had a prior commitment to a detention center.

Current Charge. Table 6 reports the information on the current criminal offense. Seventeen percent of the sample was charged with a property crime followed by incorrigibility (16.0%), truancy (10.0%), running away (10.0%), criminal conversion (9.0%), personal offense (7.0%), drugs (5.0%), and probation violation (5.0%). The majority (44.9%) of youth were arrested for a delinquent offense whereas 43.6 percent were arrested for a misdemeanor offense and 11.5 percent was arrested for a felony offense. Only a small minority of juveniles (9.3%) served time in a detention facility for the current offense and relatively few (9.1%) had a previous conviction for the same offense. A large majority (66.0%) of youth was placed on formal probation for the current offense. In addition to probation, a number of youth were placed on house arrest (20.0%) and were ordered to complete community service (15.0%). Finally, information pertaining to areas of need were found in the case files. Specifically, roughly one-fourth of the youth were identified as needing substance abuse treatment or mental health treatment. Additional needs included physical health (8.0%), education (6.0%) and domestic violence (1.0%).

Arrest and Incarceration Rates[1]

To be able to accurately reflect the offender population in Grant County, arrest data was obtained from the Uniform Crime Reports database[2]. As shown in Figure 1,

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[1] Detention population for the juveniles could not be obtained. At the time of the assessment, the county had just completed the new juvenile detention facility.
[2] Arrest data was not used for 1993 because of missing data. Moreover, data for 2001 was not yet available.

Table 6. Juvenile Current Offense

Characteristics	N	Percentage
Current Charge:		
Personal (includes sexual crimes)	7	7.0
Property	17	17.0
Drugs	5	5.0
Probation violation	5	5.0
Truancy	10	10.0
Incorrigible	16	16.0
Runaway	10	10.0
Criminal conversion	9	9.0
Other	21	21.0
Level of Offense:		
Felony B	1	1.3
Felony C	1	1.3
Felony D	7	8.9
Misdemeanor A	21	26.9
Misdemeanor B	13	16.7
Delinquent	35	44.9
Detention Time:		
Yes	9	9.3
No	88	90.7
Prior Conviction for Same Offense:		
Yes	9	9.1
No	90	90.9
Case Status:		
Probation	66	66.0
Fines	1	1.0
Detention	6	6.0
House Arrest	20	20.0
Split sentence	1	1.0
Probation violation	4	4.0
Community service	15	15.0
Essay	2	2.0
Court fees	3	3.0
Area of Needs:		
Substance abuse	24	24.0
Mental health	23	23.0
Domestic violence	1	1.0
Education	6	6.0
Physical health	8	8.0

Figure 1: Number of Total Arrests Per Year 1989 -2000

Thousands

	1989	1990	1991	1992	1994	1995	1996	1997	1998	1999	2000
Arrest	3.725	3.911	4.686	4.257	4.038	4.261	4.515	4.877	4.643	4.125	3.822
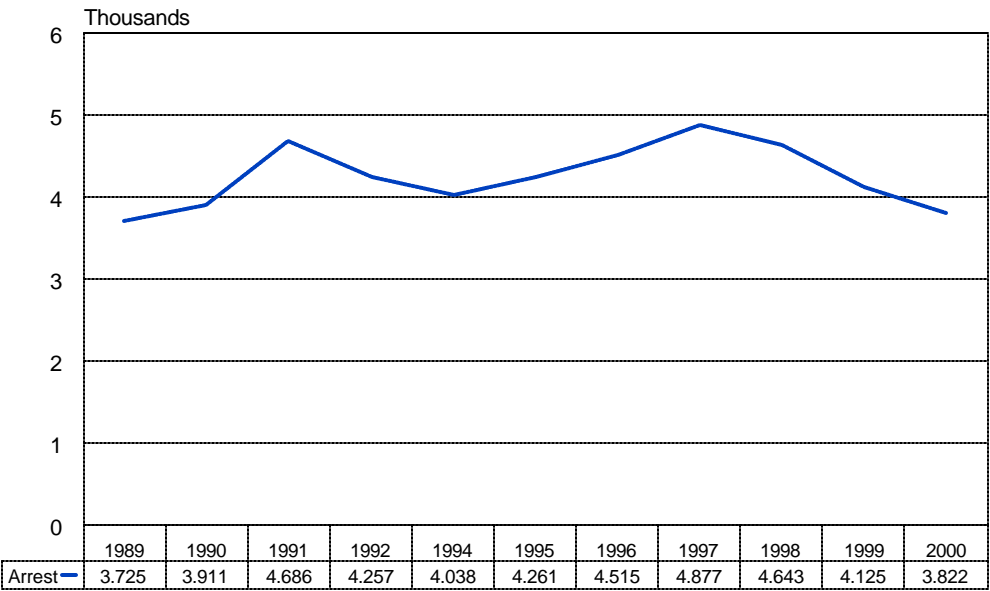
Source: Uniform Crime Reports
Arrest data for 1993 are not reported because of missing data.

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from 1989 to 1991, the total number of arrests increased to a high of 4,686 arrests. After 1991, the number of arrests decreased until 1994 (4,038 arrests) and then began to increase to an 8-year high of 4,877 arrests in 1997. After 1997, Grant County began to see a general decrease in the number of arrests. By 2000, the total number of arrests was 3,822 which was the second lowest number of arrests for the time period.

To determine what type of crime was driving the total number of arrests, total arrests were disaggregated by crime type[3]. Figure 2 displays some interesting trends. First, the number of arrests for juvenile offenses remained fairly low and consistent except for the years 1994 and 1995, which saw a substantial increase. Second, the number of arrests for personal and property crimes followed the general pattern for the total number of arrests. The two biggest increases in the number of personal and property crimes were in the years 1991 (508 arrests for personal crimes and 944 arrests for property crimes) and 1997 (477 arrests for personal crimes and 1018 arrests for property crimes). Interestingly, by 2000 the number of arrests for property crimes had substantially decreased to a low of 390 property crimes.

The last trend concerns the use and policing of substance abuse. Throughout the early 1990s, there were more arrests for alcohol and alcohol-related offenses (e.g., DUI) than there were drug-related offenses. However, beginning in 1991, there was a general decrease in the number of alcohol and alcohol-related arrests (the only exception was in 2000 with 541 arrests for DUI). The trend for drug-related offenses reveals that there has been a general increase in the use and/or policing of drug-related crimes. For example, the total number of arrests for drug-related crimes increased to a high of 737 arrests in

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[3] The total number of arrests were disaggregated by crime type. A large number of the arrests were classified as other by the Uniform Crime Reports and were not included in the graphs. Table 1 in the Appendix B examines the total number of arrests by crimes.

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Figure 2: Total Arrests By Type 1989 -2000

Legend: Personal, Property, Drug, DUI, Alcohol, Juvenile
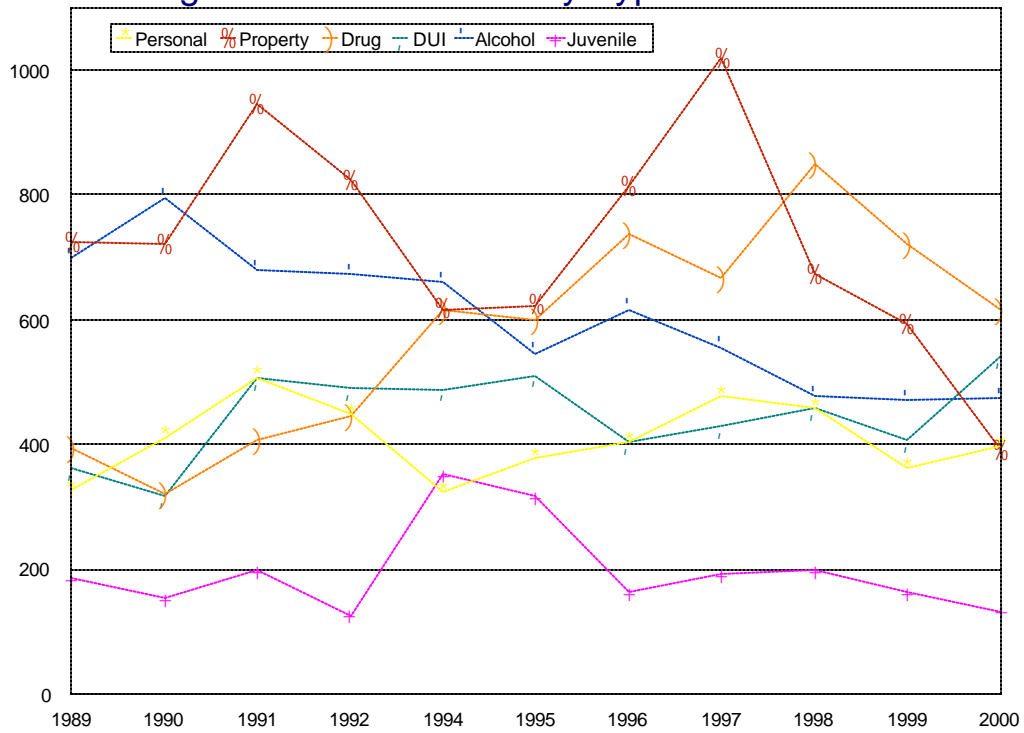
Source: Uniform Crime Report
Arrest data for 1993 are not reported because of missing data.

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1996, decreased in 1997, and then increased again in 1998. After the 11-year high of 849 drug-related arrests in 1998, the number of drug-related arrests began to decrease. Accordingly, with the exception of drug-related crimes and DUIs, the number of arrests in each category, while fluctuating, experienced a general decrease from 1989 to 2000.

By examining the current trends in the number of total arrests, we were able to determine the potential number of offenders that Grant County Corrections may expect by 2005. As Figure 3 reveals, the number of total arrests reported to the Uniform Crime Reports fluctuated with the highest number of arrests occurring in 1997 (4,877 arrests). After the increase in the number of arrests in 1997, there was a general decrease from 1998 to 2000. Thus, to predict the number of arrests after 2000 and to take into account the fluctuation in the number of arrests, we took the average of the difference between the years 1994 to 2000. Accordingly, if the trend continues, Grant County should expect to see fewer total arrests for each year until 2005. By 2005, the total number of arrests should be approximately 3,462.

Finally, by examining the individual level data and the aggregate data for Grant County, it appears that while there will be a general decrease in the total number of arrests, the number of arrests for certain crimes will continue to increase. For example, while personal and property arrests decreased, drug and alcohol-related arrests have increased in the past years. Furthermore, the majority of individual cases were in Grant County's custody for DUI and drug-related offenses. Moreover, individuals who were arrested for a DUI were significantly more likely to have a previous conviction for this

Figure 3: Total Number of Arrests 1989-2005*

Thousands

	1989	1990	1991	1992	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Arrests	3.725	3.911	4.686	4.257	4.038	4.261	4.515	4.877	4.643	4.125	3.822	3.75	3.678	3.606	3.534	3.462
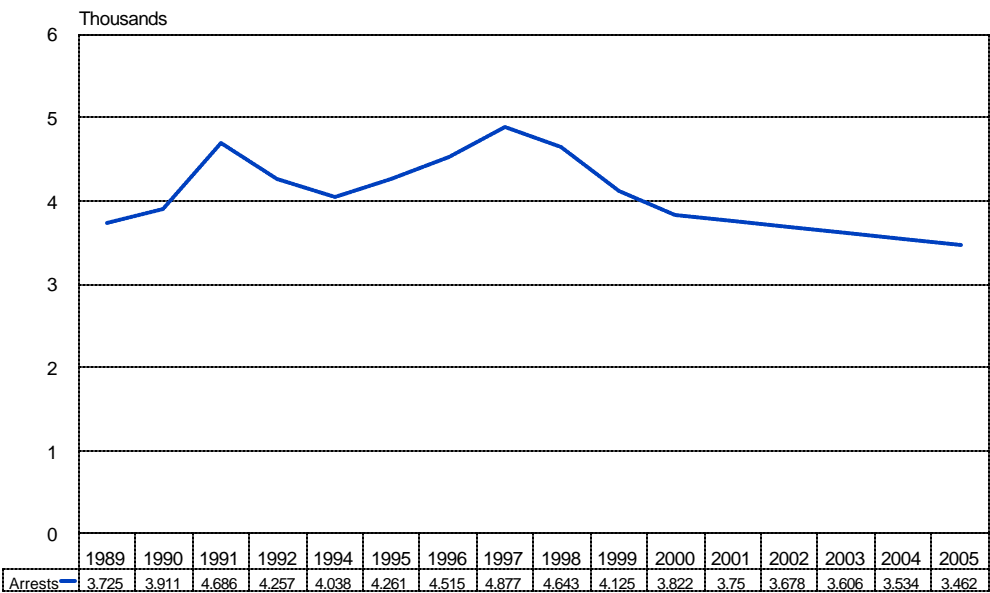
*Source: 1989-2000 Uniform Crime Reports (Projected Figures for 2001-2005)
Arrest data for 1993 are not reported because of missing data.

offense $(p < .05)$[4]. Thus, while the trend is to see less total number of arrests, Grant County may expect to see more DUI and possibly drug-related arrests.

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Characteristics of Grant County Treatment Programs

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Research on effective interventions indicates that programs are more effective when they target behaviors related to recidivism. Criminogenic needs, or appropriate targets, include reducing antisocial thoughts and feelings, reducing antisocial peer associations, reducing problems associated with alcohol/drug abuse, increasing prosocial skills such as self-control, self-management, and problem-solving, improving communication skills, and improving family functioning. Grant County offers a number of treatment programs to offenders. Those targeting criminogenic needs include: substance abuse, sex offending, antisocial attitudes, and domestic violence. Moreover, home-based and residential services are offered to juveniles in an effort to improve family functioning and social skills. While each program is unique, the goals of this assessment are to provide an overview of services available in the county. Thus, we will examine services by type rather than individually. This section will answer the following question:

- **What are the program and services offered by private and public services providers in Grant County?**

Substance Abuse

Treatment programs targeting substance use are offered by two agencies and in Grant County. Services provided include detoxification, residential, intensive outpatient (IOP), and outpatient services. The majority of offenders referred to substance abuse services receive IOP; thus the focus of this assessment is on those services. Services are

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[4] See Table 2 in the Appendix B for the table depicting calculation of current offense by previous conviction.

provided to both juveniles and adults and generally last eight weeks. Upon completing the eight weeks of treatment, during which time they typically participate in 8-10 hours of treatment services per week, offenders are successfully discharged from the primary treatment and referred for aftercare services. A similar group is offered to jail inmates through the Jail Addictions program staffed by Community Corrections staff. The program is available to non-sex offenders sentenced to jail for a minimum of 90 days.

Offenders referred to substance abuse services are generally perceived to be appropriate for the services provided although there are not any formalized exclusionary criteria in place to keep inappropriate offenders from participating in the services. While potential participants are assessed on some risk and need factors, they are not assessed in a standardized fashion. Specifically, psycho-social assessments are used to assess both general risk and need as well the severity of substance abuse. Furthermore, participants are not consistently assessed on responsivity characteristics. Thus, while some assessments are conducted, they are not sufficient to match offenders to the appropriate type and length of treatment, nor are offenders matched to staff members. Therefore, all offenders receiving substance abuse services receive essentially the same service, varied only by agency.

Although services vary slightly by agency, the basic services are essentially identical to one another. Specifically, both programs rely on the 12-step model and education as the basis of their programs. While some manuals are utilized, they are not consistently used or adhered too. Thus, while the underlying model is the same across groups, the actual groups vary by facilitators and their individual perceptions of what is relevant to substance abuse treatment. The lack of consistency is a concern given that

offenders are placed into group largely based on availability and convenience. Furthermore, it should be noted that the 12-step model and education are less effective at changing substance abuse among offenders when compared to cognitive-behavioral programs.

Offenders receiving substance abuse services appear to be consistently taught how to monitor and anticipate risky situations. Specifically, it was reported that participants are taught to recognize triggers related to their substance use. In addition to learning to recognize triggers, participants also discuss ways to avoid or cope with those situations. However, while offenders often process alternative behaviors, it does not appear that they consistently practice or rehearse alternatives to high risk situations. For example, the use of role plays to practice new behaviors appears to depend on the group facilitator and the willingness of the group members to participate in such activities. This failure to consistently practice new behaviors appears to be the result of the discretion among group facilitators and a reliance on 12-step and education-based therapies.

As noted, the use of rewards and punishers are an integral part of any effective intervention for offenders. Unfortunately, 12-step programs and substance abuse education rarely recognize the importance of these treatment components. As a result, participants in IOP rarely receive individualized rewards or incentives to encourage participation and compliance. Instead, the prevailing attitude seems to be that the reward of "staying out of jail" should be sufficient to encourage compliance. Moreover, group facilitators reported relying on the probation department to administer punishers as the perception is that treatment and punishers should not be tied together.

In addition to providing treatment services to offenders, research has found that it is important to include families in the treatment process. Family members in IOP participants are encouraged to attend groups specifically designed for them. However, for the most part, these groups are voluntary and not well attended. While there are some mandatory groups for family members of juveniles, required participation is not consistent across the groups.

Finally, all IOP participants are required to participate in aftercare services prior to being formally discharged. Aftercare services are important because they assist the offender in maintaining behavioral change by reinforcing concepts learned during the primary treatment.

Batterer's Program

A batterer's program is provided to both male and female adult offenders who have been involved with domestic violence. On average, participants remain in the program for 26 weeks. It was reported that 12 weeks of the program are education based, while the remaining 14 weeks have more of a therapeutic focus. Moreover, once participants have completed the 26 weeks, they are successfully discharged from the program. The majority of offenders are court-ordered into the program and the referral is part of the court sentence. The majority of offenders received for the program are considered appropriate, with a few being identified as inappropriate because of age, denial of a problem, or a low level of functioning. Similar to many programs in Grant County, there are not any formalized exclusionary criteria in place, though it was noted that very violent individuals would be considered on a case by case basis

Once referred to the program, offenders are assessed on risk and need factors using a psycho-social assessment. They are not, however, assessed on any responsivity characteristics, nor are any standardized assessments used. Thus, upon assessment, all offenders are placed into identical services and meet once a week for 26 weeks. The program was designed to be a psycho-educational program and pulls material from various sources including the Duluth model. The materials have been compiled into a manual which is used to determine group topics on a regular basis. A strength of the program lies in the fact that it utilizes a manual, however, the program would be more effective if it used a cognitive behavioral or social learning model as these models have been found to be more effective than psycho-educational programs.

A great deal of group work focuses on teaching offenders about their thinking and how thinking is connected to behavior. Offenders use personalized worksheets to help them become aware of high risk situations. They are also taught to recognize physical cues related to anger and violence. While a great deal of work centers around recognizing problematic situations and identifying alternative situations, offenders are not given the opportunity to practice these alternative behaviors. Instead, group time is spent discussing choices and processing past situations in the hope that will translate to alternative behaviors in the future. The program would be enhanced if offenders were given the chance to practice rather than simply discuss these new behaviors and skills.

Similar to the substance abuse groups, rewards and incentives are not utilized. When questioned about rewards, it was reported that support systems, camaraderie, and empowerment are the rewards provided from participating in the group. While these can be considered intangible rewards, they are not utilized to encourage participation and

compliance with the program. Instead, they seem to be simply a side effect of participation in the group. Moreover, punishers and consequences were reported to be removal from the group and reporting back to probation. As with the other programs assessed, the facilitator appears to view punishment as outside the domain of treatment.

Finally, neither family groups nor aftercare services are being provided on a formal basis. While family groups have been attempted, the voluntary nature of such groups have resulted in such low participation that they have been determined to be impractical. Similarly, aftercare is also provided on a voluntary basis but does not consist of a separate group. Instead, participants who wish to receive further services are welcomed into the on-going group free of charge.

Sex Offender Treatment

Juvenile and adult offenders found guilty of sexual offenses are often court-ordered into sex offender treatment. The program lasts on average for two and a half to three years though it can range from as little as one year or as long as 7 years. Offenders are successfully terminated from the program after demonstrating behavior change, understanding of their offending behavior, and passing maintenance polygraphs. Throughout the course of the treatment, participants meet weekly for one and a half to two and a half hours per week. The majority of the referrals to the program are from probation though roughly 20 percent of the participants have been referred through parole. There are not any exclusionary criteria in place, however offenders who fail to admit to their behavior within 8 sessions are expelled from the group.

It was reported that a very small number of referrals are inappropriate for the services offered. Those identified as inappropriate are typically mentally disabled or

mentally ill and are transferred into individual services. Upon intake into the program, offenders are assessed using a general psycho-social assessment which addresses both risk and need factors. Similar to other psycho-social assessments, the tool used is not standardized and does not provide a summary score. Moreover, offenders are not assessed in terms of responsivity characteristics. Offenders are placed into separate groups based on age (juvenile vs. adult) but all participants receive identical services and levels of treatment.

Although it was reported that the program utilizes an eclectic mix of treatment modalities, it seems to be largely client centered. As with other types of offenders, research has found that cognitive-behavioral therapies are more effective at reducing future recidivism than client centered and educational programs. Given the inherent difficulty in treating sex offenders, it is of particular concern that the only treatment program in Grant County is not utilizing the most effective intervention strategies. Moreover, similar to many of the other programs in the county, the sex offender program does not utilize a manual or adhere to a curriculum. Thus, the weekly topics generally revolve around the facilitator's or offenders' perceptions of what should be discussed.

While the program topics vary, work is being done to teach offenders how to recognize and anticipate risky situations. Specifically, offenders spend a great deal of time discussing triggers and processing various scenarios. However, they are not consistently given opportunities to practice new behaviors. Moreover, neither rewards or punishers are utilized to encourage program participation and compliance. It was reported that rewards are not used at all while the only punishers used are suspension and termination from the group.

Like many other treatment programs, family members are encouraged to participate in treatment during individual sessions. Families are encouraged to discuss the offense, enabling, and co-dependency issues during these sessions. However, given the voluntary nature of such sessions, it was reported that approximately 50 percent of the families do not participate. It must also be noted that victims are welcomed into the treatment groups if they so desire. While the victims are not necessarily in the same groups as their perpetrator, this element of the program design is very inappropriate[5]. Despite the program director's belief that this grouping is beneficial to participants, it likely serves to reinforce antisocial skills on the part of offenders. Without providing services that effectively target antisocial cognitions and behaviors, it is likely that offenders will use the perceived vulnerability of victims to enhance their antisocial skills. Thus, the inclusion of victims into the group will reinforce manipulation of vulnerable individuals, grooming techniques, and antisocial thinking.

Finally, aftercare services are provided to juveniles through twice-weekly maintenance group meetings. However, there are not any such sessions provided for adult offenders. It was noted that adult offenders can come back for regular group sessions after discharge but it is not required.

Juvenile Residential Services

Male juvenile offenders are referred to a local group home when there is a need for an out-of-home placement. Youth are referred through juvenile probation[6] and spend an average of 9 months in the home, though some youth are released from the home after

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[5] See Hare, R.D. (1996). Psychopathy: A Clinical Construct Whose Time Has Come, *Criminal Justice and Behavior,* 23, 25-54 and VanVoorhis, P. (1997) Correctional Classification and the Responsivity Principle, *Forums on Corrections Research*, 9, 46-50.

[6] Some youth are also referred through the Office of Family and Children Services; this report focuses on probation referrals.

three months, while others may stay in the home for up to 15 months. Generally, successful discharge from the program is based on the completion of treatment goals. However, it was reported that many youth are released prior to the completion of treatment goals because of judicial release. During their stay, youth are engaged in a number of structured activities including school, community service, chores, and counseling sessions. Youth receive one to two hours of counseling per week, with the family included on a bi-weekly basis.

The home has several exclusionary criteria in place including sex offenders, arson, and a history of violence towards authority figures. While some youth were reported to be inappropriate because of a lack of motivation, staff indicated the majority of youth are appropriate for the services offered. Upon intake, youth are assessed on some risk and need factors; however, the assessment is not standardized. In addition to assessing risk and need factors, the "parents" also assess the ability of youth to follow directions, accept criticism, and accept the answer "no" through observation during the first two weeks in the home. Finally, some youth may receive a psychological evaluation if a need is indicated.

The group home is based on a token economy system and uses points to achieve behavior modification. Aside from the token economy system, the home is run largely as a typical family with a set of house parents modeling prosocial skills. Despite the token economy system, the program does not consistently train youth on recognizing high risk situations. Moreover, youth are not provided opportunities to practice new and alternative behaviors in a formal setting. Instead, practice is considered to occur on a daily basis while living in the home. Thus, while behaviors are modified while in the

home, it is not clear that these behavioral changes will continue upon discharge from the home.

The token economy system is essentially a structure of rewards and punishers. Points are earned for engaging in specified behaviors as dictated by a point card. Points are then tied to specific privileges such as watching television, earning free time on grounds, playing video games, computer time, and home visits. In contrast, points are lost for engaging in inappropriate behaviors. In addition to being tied to privileges, points are also tied to a level system. Levels are defined by the privileges available and the activities required to be completed. Level advancement is therefore based on achieving the specific goals of the level and "working off" a specified number of points. Thus, the number of points earned daily is subtracted from the total level points and is therefore related to both privileges and phase advancement. While the token economy system has been found to be effective, the behaviors being targeted for change include both criminogenic and non-criminogenic behaviors. Moreover, the emphasis is on changing non-criminogenic needs such as volunteering, grammar, hygiene, chores, phone skills, etc. By focusing on non-criminogenic needs, the program is undermining its ability to reduce recidivism. It should be noted that the token economy system has been found to be a very effective treatment model. Thus, the program could enhance its effectiveness by targeting appropriate criminogenic behaviors, skills, and attitudes. That is, by modeling skills related to criminal behavior such as problem-solving, communication, rational decision-making, and other appropriate behaviors/skills, the program could be very effective at promoting long-term change for juveniles.

In addition to teaching skills to youth, the program also provides training to parents through bi-weekly family sessions. During these sessions, parents are taught parenting skills and the use of rewards and consequences. Additionally, these sessions are used to discuss issues the family considers to be problematic. While not mandatory, family sessions are required prior to youth receiving home visits.

Finally, all youth are referred to aftercare upon discharge from the group home. However, despite the referrals, youth are not required to attend the services. Thus, participation with aftercare services is largely dependent on whether the court orders the youth to do so or not.

Home-Based Services

Home-based services (HBS) are targeted toward juveniles and are offered by three agencies in Grant County. While the specific goals of each program vary somewhat, they all involve case management and generally target family functioning, school performance, and interpersonal skills. On average, youth spend roughly 6 months in HBS though some may complete in as little as 2 months while others may remain in the program for up to two years. The length of service is typically associated with the probation term. Thus, youth are terminated from the program based on time rather than behavioral change.

Youth are referred to HBS either through the juvenile probation department or court-ordered. Staff reported the vast majority of youth as appropriate for the services offered, though some noted severe mental illness and a lack of motivation were reasons some youth were considered inappropriate. Similar to the substance abuse programs, none of the HBS have formalized exclusionary criteria in place. However, it was noted

that low functioning youth and those with mental health issues were sometimes excluded from services.

Youth are assessed on risk and need factors upon referral to HBS, however, the assessments consist largely of psycho-social assessments. Thus, while important factors are being addressed, they are not measured in an objective, standardized fashion. Moreover, while some youth are assessed on responsivity characteristics, the majority are not. It should be noted that youth are assessed using the Youthful Level of Service Inventory (Y-LSI) by probation and that HBS providers occasionally receive these results; however, they are not consistently being sent this information. Thus, treatment decisions are often made based on subjective information. Moreover, youth are assigned to staff based largely on availability.

The majority of youth in HBS receive both individual and family services. The frequency of meetings varies from daily to weekly sessions. As expected, the content of the individual sessions depends largely on the needs and wants of the youth while family sessions tend to focus on teaching parenting skills. Some HBS youth are also involved in an adolescent peer group which meets weekly. The treatment modalities employed by HBS range from the social learning model to psycho-education and client-centered services. It should be noted that the social learning model has been found to be more effective at changing behavior than the other modalities being utilized by HBS. While none of the HBS programs adhere to a specific curriculum, some have adapted the Boy's Town model. This model provides specific skills and methods for addressing them and is based on the social learning theory.

While all of the programs do some work regarding the recognition of high risk situations, the techniques used vary. Some facilitators attempt to teach the ability to recognize problems by processing past behaviors and situations while others discuss thinking errors, identify triggers, and utilize logs in an effort to identify high-risk situations. Moreover, some youth are consistently engaged in role plays and activities whereby they practice and rehearse alternative behaviors and skills while other youth do not engage in any activities for practicing new behaviors.

In contrast to the substance abuse services, all of the HBS providers utilize rewards and incentives. Examples of rewards being used include verbal praise, stickers, treats, gift certificates, compact discs, and certificates of achievement. Many of the families are included in the reward process in an effort to encourage parents to reward appropriate behavior. In some cases, parents are given a "stipend" if their child meets a set number of goals for the week. The stipend is intended to be used to purchase a tangible reward for the youth. However, a failure to follow up on the use of the stipend is a cause for concern as it is likely that parents are not always using the stipends appropriately. While rewards are generally suitable, punishers are not being used in a manner consistent with effective interventions. Similar to the substance abuse services, facilitators seem to largely rely on the probation officers for administering punishers. When asked about the use of punishers, some reported using "natural consequences" while most mentioned withholding rewards and reporting to detention.

Family members are an important part of HBS and are included on a regular basis. Family members often participate in individual family sessions during which time parenting skills are addressed. Moreover, some parenting groups are available although

these are largely voluntary. Similarly, aftercare services are offered to youth but are not required. As a result, few youth participate in aftercare.

Thinking for a Change

Thinking for a Change (TFC) groups are offered in the juvenile detention center, the jail, and the community. The groups meet weekly for between 4 and 10 hours a week depending on the location of the group. The group typically lasts for 12 weeks though some offenders may complete the group in as little as 6 weeks. The only criteria for completing the group is attending a requisite number of sessions. The majority of referrals to TFC are through probation or the court, although some offenders join the group voluntarily.

Participants in TFC were reported to be appropriate for the program. There are exclusionary criteria in place. Specifically, offenders who have a history of sex offending were prevented from participating in the group. Moreover, females in the detention center are also excluded from the TFC group[7]. Upon entering the program, offenders are assessed on risk and need factors using the Y-LSI and Level of Service Inventory – Revised (LSI-R). Regardless of age, offenders must have sentences of sufficient length to participate in the required number of sessions. Despite the use of standardized risk/need assessment, offenders are not assessed on responsivity characteristics such as personality, motivation, or level of functioning.

Thinking for a Change is a cognitive-behavioral program and focuses on changing criminal thinking. A standard curriculum exists for TFC and the manual is utilized in all three settings. Throughout the program, participants are taught to recognize high-risk

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[7] The detention center does not allow males and females to participate in the same group. Furthermore, there are not enough females to conduct a group. Therefore, females do not participate in the TFC group.

situations by identifying thoughts and feelings, and how these lead to problem situations. Role plays are an integral part of the curriculum and it was reported that all participants are required to engage in the role plays. The use of role plays allows offenders to practice the skills they are learning in the group. The program is also designed to have offenders do homework in between sessions; however, security reasons prevent inmates from taking the homework back to their pods. The homework is designed to reinforce skills taught during the group. The inability of participants to complete their homework outside of group may therefore lessen the effectiveness of the program.

Despite the fact that TFC is designed as a cognitive-behavioral program, the program does not utilize behavioral reinforcements. When asked about rewards, staff reported that inmates are able to be released early and receive certificates upon completion of the program. It was also noted that adult male inmates are eligible to be appointed as trustees and move to the 5th floor of the jail which provides additional privileges. Moreover, punishers are not utilized to encourage participation. The only punishers available are removal or suspension from the group.

Although family participation is an important part of any effective intervention, families are not involved in the TFC program though they are marginally involved in the juvenile aftercare. Juveniles are required to participate in aftercare for approximately 3-4 months and meet weekly. In addition to group sessions, individual sessions occur bi-weekly during which time family members are asked to report on the home behavior. Although juveniles are required to participate in aftercare, there are not any aftercare services offered to adult offenders.

Jail Based Services

A number of programs are made available to jail inmates including inmate work crews, work release, and a jail addictions program[8]. Each of the programs are run by Grant County Community Corrections. Inmate work crews allow offenders to do community service in an effort to enhance work skills. Similarly, the work release program allows inmates to "obtain/maintain employment while minimizing the risk to the community and maximizing the opportunity for rehabilitation for the incarcerated offenders." Finally, the Jail Addictions Program provides services to substance abusing offenders. Inmates receiving services in the jail are generally assessed on the LSI-R and Y-LSI, though it does not appear that the assessments are done consistently.

As previously noted, the Jail Addictions program is an intensive outpatient group offered to jail inmates who have been sentenced to jail for a minimum of 90 days. The group typically lasts between 6 and 9 months, though some offenders may spend as little as three months in the program while others may remain in the group for as long as one year. Offenders are court-ordered into the program and were reported to be appropriate for the services offered. While the inmates are assessed on the LSI-R, they do not receive any specific assessment of their substance abuse problems. Moreover, they are not assessed in terms of responsivity. Thus, offenders in the group all receive essentially the same services regardless of individual characteristics.

Similarly to the other substance abuse services in Grant County, the Jail Addictions IOP is based on an assortment of treatment modalities and seems to be largely based on the 12-step model. Moreover, rather than using a specific curriculum or

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[8] An additional program, Project Step Out allows Department of Corrections inmates to return to Grant County and receive various treatment services.

manual, the program has pulled together numerous resources for each "step" to assist group facilitators in leading the group. Although the program is largely unstructured, it does appear that some work is aimed at teaching offenders how to recognize high‑risk situations. Specifically, it was reported that offenders review some of Samenow's criminal thinking errors and attempt to fit these into the 12 steps. However, while offenders are taught to recognize faulty thinking, they do not practice alternative behaviors. It was reported that offenders do a great deal of processing in an effort to plan alternative behaviors but are not required to actively practice such behaviors.

As with the other substance abuse services, the Jail Addictions program offers little in the way of rewards. Aside from verbal praise, the only other reward available is movement to the 5th floor of the jail. The 5th floor houses trustees and requires the approval of the sheriff through a jail classification process. While the floor offers some additional privileges, it is limited to male inmates. Thus, while it is offered as a reward, a number of participants are ineligible for it simple as a result of gender. Just as there are few rewards, there are few punishers in place. Indeed, the only punisher reported is removal from group. It was reported that removal from group could range from 1 day to an unsuccessful discharge depending on the problem behavior. As with other programs, the lack of appropriate rewards and punishers make it difficult to encourage compliance and participation within the group.

Like other programs in Grant County, the Jail Addictions program attempts to include family members in treatment by inviting them to weekly family nights. However, given that the family night is voluntary, few family members appear to participate. Finally, aftercare is required of all offenders and consists of weekly group

sessions for one year. However, the emphasis is on the 12-step model and thus, participants are also required to attend 90 meetings in 90 days. Thus, while aftercare is an integral part of any treatment program, this aftercare program is likely less effective at securing long-term change because of its reliance on the 12-steps.

Strengths and Weaknesses of Grant County Correctional System

A key part of this evaluation process is identifying the strengths and weaknesses of the correctional system in Grant County. While research has identified principles of effective interventions, it is not clear that practitioners are made aware of these principles nor are they fully implementing these treatment strategies. Given that Grant County has adopted a "What Works" initiative, it is imperative that programs and services adhere to those principles. Each individual program was assessed using the Correctional Program Assessment Inventory (CPAI)[9]. The CPAI is a standardized tool that measures a program's integrity through its use of effective interventions. The program assessments allowed us to identify the practices utilized by each service and how they compare to the most effective programs; however, this report will focus on the overall state of services in Grant County and not the individualized programs[10]. Therefore, this section identifies the following questions:

- **What are the strengths and weaknesses of the Grant County Correctional System?**

- **What improvements can be made to increase the effectiveness of the Grant County Correctional System?**

Strengths

The CPAI examined a number of programming components including: implementation, assessment, program characteristics, staff characteristics, evaluation, and

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[9] The CPAIs were conducted through standardized interviews during the month of September 2002.

[10] Appendix C reports the individualized strengths and areas of improvement for each individual program in Grant County. Also, Figure 1 in Appendix B reports the overall scores for each individual program in Grant County.

"other.[11]" In each area, a number of issues were examined. This section will identify the overall strengths in each area.

Implementation. Programs which are characterized by involved, capable program directors often have greater degrees of program integrity. Given that these programs are more likely to be implemented as designed, programs with qualified program directors are often more effective than those that do not have capable, involved directors. In general, program directors in Grant County are well qualified. They typically have at least a bachelor's degree and have had prior experience working with offender treatment programs. Moreover, Grant County program directors are generally involved in the selection, training, and supervision of treatment staff members. Finally, many of the program directors interviewed reported providing direct services to program participants. Given the qualifications and responsibilities of the program directors in Grant county, it is likely that the many treatment programs are being implemented as designed.

The support of the general public and criminal justice community has also been found to be related to program effectiveness. Programs were generally considered to be supported and to be cost-effective. Moreover, while many of the programs reported the desire for additional funds, all but one noted having enough funding to implement the program as designed. Thus, it appears that the programs in Grant County are led by capable individuals and are provided the support and funding to be implemented as designed.

Assessment. For programs to be effective, it is important that they receive offenders appropriate for the services they provide. All of the programs reported receiving appropriate offenders. Moreover, the most effective programs assess

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[11] This area includes issues such as program stability and the presence of an advisory board.

participants on important risk and need factors such as peers, employment, education, family, substance abuse, and criminal history. Each of the treatment providers reported using psycho-social assessments to measure these factors. Additionally, the probation departments and community corrections agency reported using the Level of Service Inventory (LSI-R) for adult offenders and the Youthful Level of Service Inventory (Y-LSI) for youth. These assessments are an improvement over standard psycho-social assessments because they provide an objective, standardized risk and need score. Thus, individuals can be identified as being a high or low risk for recidivating. Moreover, these assessments provide risk levels in each subcomponent thereby allowing for the identification of appropriate targets for treatment.

Program Characteristics. It is important for programs to target criminogenic behaviors if they want to be effective. Overall, the programs in Grant County targeted appropriate behaviors such as substance abuse, family communication, family functioning, problem solving skills, communication skills, antisocial attitudes, and peer associations. In general, the services provided in Grant County last between three and nine months which research suggests is the appropriate length of time. Moreover, effective programs match staff to treatment groups they are qualified to facilitate. The majority of programs reported assigning staff to groups based on experience and interest suggesting staff are matched to appropriate groups. Finally, effective interventions use rewards and incentives to encourage participation and compliance in the groups. Though not all of the programs utilize rewards, the majority offered rewards such as gift certificates, extra privileges, and certificates to encourage compliance within the program.

Staff Characteristics. Staff are assessed in multiple areas. In addition to looking at the characteristics of the treatment staff, we also examined the training and supervision of staff in addition to the ability to provide input into the program. For the most part, staff are well educated and receive on-going training on a yearly basis. Additionally, clinical supervision is provided on a regular basis. It was also very clear that staff feel they have a say in the programs and are supportive of treatment. All of the staff reported feeling they have input into the program and offered examples of changes that had been made as a result of their input. Moreover, the staff consistently reported feeling that the goals of treatment are valid and supported throughout both their agencies and the county as a whole. This support is also likely related to the relative stability of the treatment staff, with most agencies reporting over 50 percent of their staff had been at their agency for at least two years.

Evaluation. It is important that programs and agencies have quality assurance mechanisms in place to ensure that programs are being implemented as designed. Many of the programs do a thorough job of internal quality assurance. That is, most of the programs provide clinical supervision, conduct client satisfaction surveys, have file reviews, and group observation.

Other. In addition to looking at the above characteristics, we also examined program stability, advisory boards, ethical guidelines, and client records. All of the programs and agencies did outstanding in this area. They all keep complete client records in locked files and have ethical guidelines they adhere too. Moreover, none of the programs reported significant changes during the past two years that negatively

impacted the program. Finally, each of the programs reported having an advisory board that oversees the programs.

Areas that Need Improvement

While the treatment programs assessed in Grant County were found to have a number of strengths, there are also a number of areas that need to be improved. Thus, this section of the report will identify the areas that need to be improved.

Implementation. Although the programs appear to be implemented as designed, the actual design of the programs is problematic. First, none of the programs completed literature reviews prior to the design of the program, nor is the literature consulted prior to the implementation of significant changes to the program. Knowledge regarding effective interventions is constantly evolving and a failure to consult the literature often results in programs using models that are less effective than the most effective models. Often program directors will consult similar programs in nearby counties or a "classic" book on the intended treatment prior to designing the program. However, this is not sufficient for ensuring that the services provided are the most effective techniques, largely because the consulted programs have failed to consult the literature. Moreover, given that research evolves over time, programs which rely on outdated or limited literature reviews are often using ineffective or outdated techniques. In addition to being based on effective treatment models, it is also important that staff have a clear understanding of the treatment model. Without a thorough understanding, treatment models are not likely to be implemented correctly. Thus, upon deciding on a specific model, all staff should be trained on that particular model to insure the program is implemented correctly.

Equally problematic in terms of implementation is the fact that none of the programs reported piloting the program prior to their full implementation. Moreover, it was reported that significant changes are often fully implemented without testing the effects of the change. This is problematic because it does not allow staff the ability to test the changes, identify problem areas, or make necessary adjustments prior to full implementation. It is often difficult to make adjustments once the changes have been fully implemented, thus the functioning of the program may be affected and the new component may not be effectively implemented.

Assessment. As previously noted, all of the programs reported receiving appropriate clients and measuring important risk and need factors. However, the majority of the programs reported not having formal exclusionary criteria in place. The failure to have exclusionary criteria may allow inappropriate individuals into programs. It should be noted that many of the programs reported making screening decisions on a case-by-case basis. For example, many programs reported being hesitant to take offenders with a history of violence but would not categorically reject such individuals. While programs are reporting appropriate individuals, they should consider formalizing exclusionary criteria to ensure that this trend continues. If programs are forced to take inappropriate offenders, the services being provided will likely suffer, rendering them less effective.

Despite the use of the LSI-R and Y-LSI by probation and community corrections, it does not appear that it is being used consistently. For example, adult probation reported completing LSIs on the majority of offenders but not on misdemeanant drug offenders. The rationale for this decision is not clear. It is likely that these offenders have other criminogenic needs in addition to substance abuse treatment. A failure to

adequately identify and target these needs lessens the overall effectiveness of the system as a large number of offenders may not be targeted for appropriate services.

An additional concern regarding the use of the LSI-R and Y-LSI is the failure of the probation and community corrections departments to share the information with the various treatment providers. Based on our interviews, it appears that treatment referrals are rarely accompanied by assessment information. While treatment providers are assessing offenders, they are not using standardized assessments, nor are they receiving summary risk/need scores. Thus, while one part of the system is completing adequate assessments, a crucial part of the system is not receiving this information. Thus, participants are not necessarily being matched to programs based on need. Moreover, many of the offenders receive the same intensity of services despite varying levels of risk.

Finally, the system is failing to consistently measure responsivity or personality characteristics. Research has found that it is important that programs measure characteristics such as cognitive functioning, anxiety, and motivation so that offenders can be matched to appropriate programs. For example, research has found that anxious offenders do not do well in highly confrontational groups. A failure to measure levels of anxiety render it impossible to systematically identify anxious offenders. It should be noted that some programs occasionally receive psychological assessments. However, failing to consistently assess these issues renders the system inadequate in its assessment of responsivity characteristics.

Program Characteristics. Overall, programming is the weak link in the Grant County Correctional system. As such, there are a number of areas that need improvement

in terms of programming. First, few of the programs have adopted effective treatment models. Research has found that the most effective models are those based on cognitive behavior or social learning models. Yet, only George Jr. Group Home and Cornerstone Home-Based Services are utilizing those treatment models. Clearly, then, the treatment services offered in Grant County are not based on the most effective treatment models. Moreover, the programs are not consistently using program manuals to determine group activities and topics. Thus, the groups often appear to center around participant interests rather than the needs of the groups. Additionally, the lack of program manuals results in a great deal of inconsistency across group facilitators. Thus, participants receive differential services depending on the facilitator assigned to the group.

Moreover, the lack of consistent programming is further compounded by the fact that offenders are often placed into groups based on scheduling and availability. Thus, the assignment to groups is largely random. This suggests that participants may not always get the appropriate services because of facilitator discretion and the failure to match offender to facilitator.

Furthermore, few of the programs effectively use behavioral reinforcements in an effort to change behavior. Research has found that individual rewards and punishers should be used to promote program participation and compliance. While many of the programs utilize rewards, none of them reported using appropriate punishers. Instead, the majority reported that punishment was not their concern and instead should be handled by probation. Thus, the majority of programs reported sending reports to probation and program termination as being the only punishers utilized. This is problematic for several reasons. Most importantly, while many of the providers reported relying on probation to

administer punishers, probation officers typically responded they did not utilize punishers. Thus, many offenders are failing to comply with treatment yet the only real consequence is being terminated for the group which fails to promote compliance or behavioral change. Furthermore, the failure to use rewards and punishers appears to result in facilitators losing control of the group. For example, it was often reported that homework activities were not assigned because participants largely failed to complete them. Thus, failing to have rewards and punishers in place result in a lack of incentives for participants to engage in activities they would otherwise avoid.

A related concern involves the use of teaching, rehearsing, and practicing prosocial skills and behaviors. Many of the programs focus on teaching offenders triggers and how to recognize high risk situations. However, they fail to have offenders consistently rehearse alternative behaviors and skills. Instead, participants often process situations and how to avoid them. It was often noted that offenders did not like participating in role plays, skits, or activities. It is likely that the practice of new skills is not occurring for two reasons. First, as previously noted, few of the programs have adopted effective treatment models and therefore may not recognize the importance of practicing skills. Second, the failure to appropriately use rewards and punishers results in a lack of encouragement for participating in activities that may be uncomfortable.

In addition to the problems identified within the treatment groups, there are a number of concerns related to what offenders are doing outside of the groups. First, few of the programs systematically monitor the behavior and activities of participants once they leave the group setting. Given that all of the participants are under supervision, it may not be necessary that the programs are responsible for monitoring. However, it is

necessary that someone be responsible for knowing the whereabouts and peer associations of offenders when not in group. While many of the programs make attempts to monitor, they often report relying on probation to determine if there is a problem. However, the probation departments did not have adequate methods of monitoring in place either. Moreover, when there was adequate monitoring, the information was not generally shared with providers. Thus, while relevant parties seem to have a basic knowledge of what individuals are doing when not in treatment, the information is often gathered informally and inconsistently. This is problematic because offenders are often in treatment for just a few hours a week and meet with probation officers rather infrequently. The lack of monitoring is of particular concern regarding the sex offenders. Grant County has number of sex offenders on probation yet the monitoring is not intensified for this population despite the difficulty in changing this behavior.

A related concern is that offenders may have a great deal of unstructured time on their hands. The amount of time spent in groups throughout the weeks range from one to ten hours. While many offenders are working, they are not necessarily required to be working. Moreover, juvenile offenders generally attend school only during the traditional school year. Thus, during the summer, youth are not in school, nor are they required to work. It is important to keep offenders in structured, prosocial activities so that they receive reinforcement for prosocial behaviors and thoughts. Again, it appears that the lack of structured time may be the result of a disconnect between treatment providers and the supervision agencies.

An additional problem involves the lack of family involvement, particularly with the adult treatment programs. Research has indicated it is important for family members

and significant others to be involved with treatment programs. While many programs have voluntary family groups, only a few required family participation. An obvious difficulty with voluntary sessions is that few family members participate in the sessions and therefore do not get the knowledge necessary to help sustain behavioral change.

Related to the maintenance of behavioral change is the use of aftercare services. Similar to family sessions, many programs offer but do not require aftercare groups. As expected, few of the offenders participate in aftercare unless required. Aftercare is important because it helps offenders become reintegrated into daily life in the community while continuing to provide some support and supervision.

Finally, it is important that offenders successfully complete treatment based on the acquisition of prosocial skills. However, many of the programs we assessed indicated that termination was based on the completion of a specific number of group sessions. Moreover, other programs indicated that offenders, particularly juveniles, are released from treatment when their probation term is up or as the result of a judicial release despite the fact that they have not successfully completed treatment goals. Moreover, few of the providers or probation officers make referrals for further services because they feel their authority is limited to a specified time. Thus, many of the offenders may be discharged from treatment or probation prior to truly acquiring prosocial skills.

Staff Characteristics. While staff are well educated, a number of them have received degrees in non-helping professions such as business. Moreover, while they are universally supportive of treatment, many of the current staff had not previously worked with offender treatment programs. Additionally, while staff receive on-going training, the initial training is lacking. It was often reported that initial training consists largely of

training on policy and procedure and often lasts only for a few weeks. Moreover, training regarding the actual treatment being provided appears to be largely on-the-job training, with little training on the theory of effective interventions and treatment models. Finally, while staff are evaluated, their evaluations rarely examine clinical skills. Instead, evaluations tend to consist of performance reviews without considering the service delivery skills relevant to group facilitation and individual counseling.

Evaluation. While many of the programs had adequate quality assurance mechanisms in place, they failed to systematically measure offender progress through the programs. None of the programs conduct periodic reassessments of offenders and few use detailed treatment plans. Moreover, those that use treatment plans often failed to update them on a consistent basis and did not always use individualized treatment plans. Indeed, one program used photocopied treatment plans suggesting all offenders had the same needs and goals in treatment. Finally, despite the age of many of the programs we assessed, none of the programs had been formally evaluated. Thus, while many of the programs reported being effective, the evidence is anecdotal rather than empirically based.

Treatment in Grant County Compared to Others

As previously mentioned, the CPAI was conducted on each individual program to assist in determining the state of community corrections in Grant County. The CPAI is a tool that is used to determine whether programs are adhering to the principles of effective interventions. A unique characteristic of the CPAI is that is provides a summary score for each individual component and an overall score. As revealed in Figure 4, on average, the programs in Grant County scored as "very satisfactory" in the implementation and other

categories thus meaning that for the most part, the programs had qualified leadership, financial support, community support, and were stable. The programs as a whole scored in the "satisfactory" range for staff characteristics. For Grant County, this ranges means that while there are some qualified staff and they are allowed input into the programs and support treatment, there are some areas for improvement. The remaining categories of assessment, treatment, and evaluation all fell into the "unsatisfactory" range on the CPAI score with the lowest category being treatment. Finally, after combining all the scores for the programs, the overall score for programming in Grant County was 45.2 percent which falls into the "unsatisfactory" range of the CPAI indicating that there are definite areas for improvement.

Figure 5 reveals the CPAI scores for Grant County in comparison to the national average of 300 programs across the United States. Grant County is scoring close to the average for the implementation section (71.4% versus 72.5%). When examining the assessment, treatment, and evaluation sections, Grant County was below the national average for these categories. However, it should be noted that these categories are the lowest scoring sections even on the national average. Thus, while Grant County scored as "unsatisfactory" in these categories, the programs should realize that the state of corrections in general have typically not adhered to the principles of effective interventions. Moreover, this is not to say that Grant County cannot make substantial improvements. Grant County has the foundation in place (e.g., meaning strong leadership, support, stability, and qualified staff) to improve upon its services. For

Figure 4: Grant County Program CPAI Scores
Grant County, Indiana
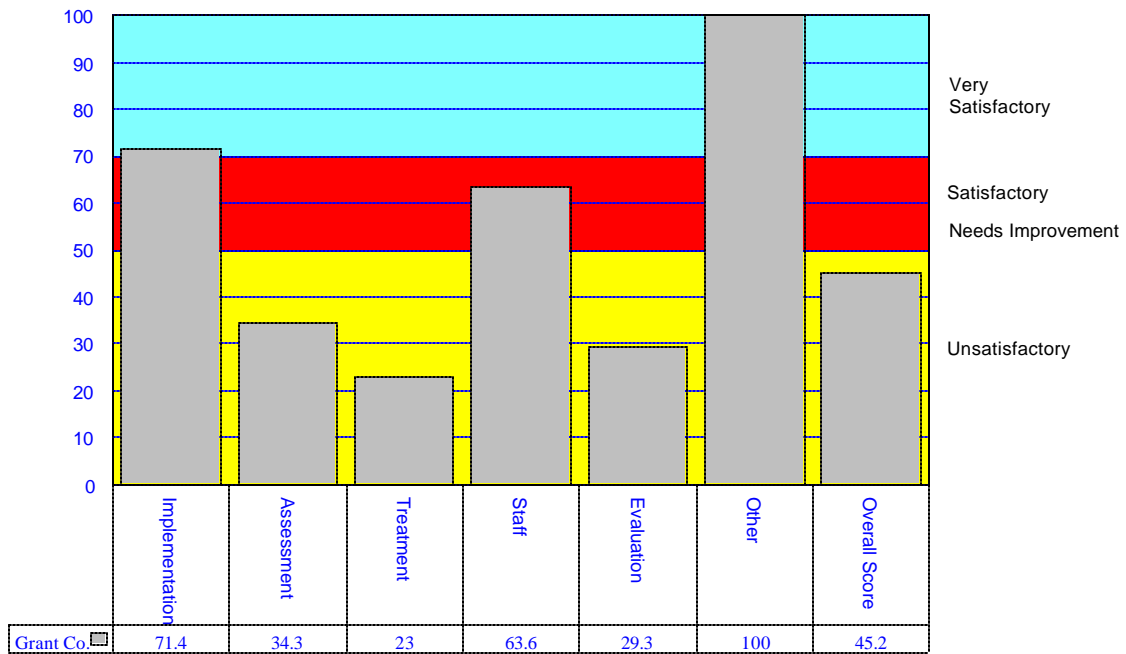
	Implementation	Assessment	Treatment	Staff	Evaluation	Other	Overall Score
Grant Co.	71.4	34.3	23	63.6	29.3	100	45.2

Conducted September, 2002. Very Satisfactory=70% or higher; Satisfactory=60-69%; Needs Improvement=50-59%; Unsatisfactory=less than 50%.

Figure 5: Grant County Program CPAI Scores Compared to Average Scores*

	Implementation	Assessment	Treatment	Staff	Evaluation	Other	Overall Score
Grant Co.	71.4	34.3	23	63.6	29.3	100	45.2
Average	72.5	48	41	58.5	35.5	83.1	53.4
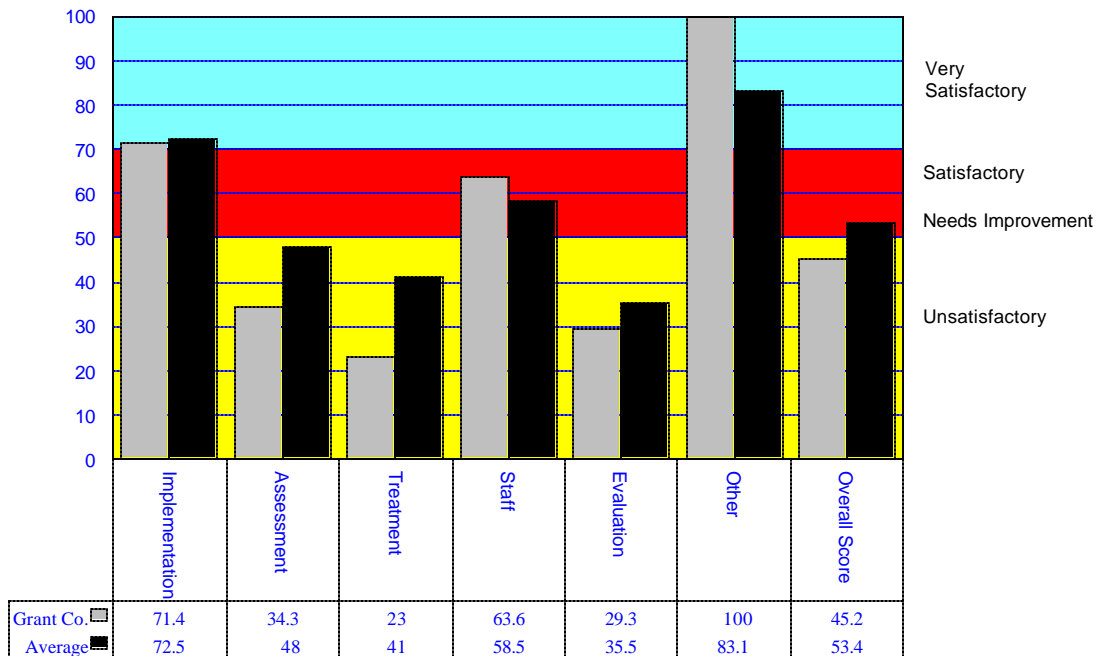
*The average scores are based on 265 CPAI results across a wide range of programs. Very Satisfactory=70% or higher; Satisfactory=60-69%; Needs Improvement=50-59%; Unsatisfactory=less than 50%.

example, programming in Grant County scored above the average in staff characteristics and other. Lastly, the overall score for Grant County was 45.2 percent which fell into the "unsatisfactory" range of the CPAI.

Local Perceptions

Treatment staff members and stakeholders were surveyed to determine their perceptions of the strengths and weaknesses of the system. Specifically, staff members and stakeholders were asked to rate the various programs and services in Grant County. Moreover, they were asked to rate the level of support and cooperation provided by other agencies in addition to perceptions of support for treatment. Additionally, those surveyed were asked to rate the various components of the system. Finally, individuals were asked to rank the priorities and goals of the system.

Program Ratings. Participants were asked to rate quality of the treatment programs using a five-point Likert scale (1 = very poor to 5 = very good). Table 7 reports the mean ratings of programs and services offered throughout Grant County[12]. Overall, both staff members and stakeholders rate programs as fair or good. A perusal of the ratings suggests that treatment programs offered by private providers are typically viewed as "fair."   In contrast, programs offered by the county, largely through Community Corrections, were more typically rated as "good." In addition to rating other programs, treatment staff were asked to rate the quality of the programs offered by their own agencies. The average rating was "good" for self-ratings. Finally, respondents were asked to rate the overall quality of services offered throughout Grant County. Both treatment staff and stakeholders generally rated the overall quality as fair.

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[12] Table 3 in Appendix B reports the frequencies of ratings for each program.

Table 7. Mean Program Ratings

Characteristic	Treatment Staff (N=67)	Non-Treatment Staff (N=24)
POOL School	3.71	3.43
Challenge Ed Summer Program	3.58	3.00
Trinity House Juvenile D/A Services	3.08	3.27
Trinity House Adult D/A Services	3.48	3.27
Cornerstone Juvenile D/A Services	3.66	3.33
Cornerstone Adult D/A Services	3.81	3.19
Cornerstone Home-Based Services	3.95	3.36
Family Services Sex Offender Program	4.41	3.64
Family Services Batterer's Program	3.95	3.28
Family Services Home-Based Services	3.69	3.58
George Jr. Preventative Aftercare	3.95	3.70
George Jr. Group Home	4.11	4.00
Work Release	4.21	4.19
Inmate Work Program	4.24	4.10
Jail Addiction Treatment	3.37	3.33
Truancy Intervention Program	3.75	4.27

Table 7. Mean Program Ratings

Characteristic	Treatment Staff (N= 67)	Non-Treatment Staff (N=24)
Step-Out Program	3.63	3.94
Thinking for a Change	3.91	4.18
Court Alcohol Drug Program	3.62	3.47
Overall Rating of Own Agency	4.09	--
Overall Rating of Treatment Programs in Grant County	3.41	3.30

Support for Treatment. Programs tend to have greater integrity when they are supported by their own staff and the community. Thus, it is important to assess the perceptions of support. As indicated in Table 8, the majority (71.9%) of treatment staff feel that they and other staff members are very supportive of treatment for offenders. Stakeholders also perceive support for treatment, though not as strongly, with the majority (47.6%) reporting the level of support is supportive. While staff and stakeholders are in general agreement regarding staff support, they differ greatly in terms of their perceptions of public support. Specifically, the majority of treatment staff (41.3%) feel the general public is supportive of treatment, while the majority of stakeholders feel the public is less than supportive of treatment. Finally, respondents were asked to rate the level of public support for the correctional system as a whole. Whereas the majority of staff perceive the public to be supportive (36.9%) or very supportive (32.3%) of the system, the opinions of the stakeholders are less clear. Specifically, one-third of the stakeholders feel the public is supportive of the system, one-third is undecided about the level of support, and one-fourth of the stakeholders feel the public is unsupportive of the correctional system in Grant County.

Levels of Support. In addition to being asked about levels of support for treatment, respondents were asked to rate the level of support provided by agencies and components of the criminal justice system in Grant County. A perusal of Table 9 suggests that both staff and stakeholders are generally satisfied with the levels of support provided by components of the criminal justice community. Specifically, the majority of both groups reported being satisfied with levels of support from law enforcement, the courts, adult probation, and the jail. While the majority of treatment staff are also

Table 8. Perceptions Regarding Treatment

Characteristic	Treatment Staff		Non-Treatment Staff	
	N	%	N	%
Staff Supportive of				
Treatment Efforts				
2	1	1.6	3	14.3
3	3	4.7	4	19.0
4	14	21.9	10	47.6
5 (very supportive)	46	71.9	4	19.0
Public Supportive of Treatment				
1 (unsupportive)	0	0.0	6	27.3
2	2	3.2	5	22.7
3	16	25.4	8	36.4
4	26	41.3	1	4.5
5 (very supportive)	19	30.2	2	9.1
Overall Public Support of				
Grant County Correctional System				
Very Unsupportive	5	7.7	0	0.0
Unsupportive	3	4.6	6	25.0
Undecided	12	18.5	8	33.3
Supportive	24	36.9	8	33.3
Very Supportive	21	32.3	2	8.3

Table 9. Satisfaction with Levels of Support from Other Agencies

Characteristic	Treatment Staff		Non-Treatment Staff	
	N	%	N	%
Law Enforcement				
Very Dissatisfied	0	0.0	2	8.7
Dissatisfied	4	6.6	5	21.7
Undecided	18	29.5	5	21.7
Satisfied	28	45.9	9	39.1
Very satisfied	11	18.0	2	8.7
Court				
Very Dissatisfied	1	1.6	1	4.5
Dissatisfied	4	6.3	5	22.7
Undecided	5	7.8	4	18.2
Satisfied	27	57.8	10	45.5
Very satisfied	17	26.6	2	9.1
Adult Probation				
Very Dissatisfied	1	1.7	1	4.3
Dissatisfied	1	1.7	3	13.0
Undecided	10	17.2	5	21.7
Satisfied	31	53.4	11	47.8
Very satisfied	15	25.9	3	13.0
Juvenile Probation				
Very Dissatisfied	1	1.6	0	0.0
Dissatisfied	1	1.6	3	13.0
Undecided	4	6.3	10	43.5
Satisfied	38	60.3	8	34.8
Very satisfied	19	30.2	2	8.7
County Treatment Agencies				
Dissatisfied	1	1.7	2	8.7
Undecided	20	33.9	8	34.8
Satisfied	25	42.4	12	52.2
Very satisfied	13	22.0	1	4.3
Private Treatment Agencies				
Dissatisfied	7	11.5	3	13.0
Undecided	24	39.3	12	52.2
Satisfied	16	26.2	8	34.8
Very satisfied	14	23.0	0	0.0

Table 9 Con't. Satisfaction with Levels of Support from Other Agencies

Characteristic	Treatment Staff		Non-Treatment Staff	
	N	**%**	**N**	**%**
Jail				
Very Dissatisfied	2	3.3	2	8.7
Dissatisfied	4	6.6	3	13.0
Undecided	22	36.1	6	26.1
Satisfied	23	37.7	9	39.1
Very satisfied	10	16.4	3	13.0

satisfied with the level of support from juvenile probation, the majority of stakeholders were undecided. Finally, the majority of both groups were satisfied with support provided by the county treatment agencies but undecided regarding levels of support provided by the private treatment agencies.

Levels of Cooperation. It is also important that the various agencies and programs cooperate and collaborate with one another. Respondents were asked to rate their level of satisfaction with cooperation of various agencies. As indicated in Table 10, both treatment staff and stakeholders are generally satisfied with the levels of cooperation. Specifically, the majority in both groups were satisfied with the cooperation provided by law enforcement, the courts, adult probation, juvenile probation, and the jail. Similarly, the majority of staff were satisfied with levels of cooperation with county operated treatment agencies. The same was found for privately operated treatment agencies, though a number of staff and stakeholders reported being undecided about their level of satisfaction or dissatisfied regarding cooperation with private treatment agencies. Interestingly, while the majority of both groups reported being satisfied with the overall level of cooperation throughout Grant County, a larger percentage of the stakeholders reported being dissatisfied with the levels of cooperation throughout Grant County.

Component Ratings. Using a four-point Likert scale (1 = poor to 4 = very good), treatment staff and stakeholders were asked to rate various components of the correctional system. Table 11 reports the mean ratings of each component[13]. As indicated, treatment staff typically rated the various components more favorably than the stakeholders. Specifically, staff rated leadership, access to leaders/directors, communication, cooperation, and case files as good. Additionally, staff reported good

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[13] Table 4 in Appendix B contains tables detailing the frequencies of ratings for each component.

Table 10. Satisfaction with Levels of Cooperation from Other Agencies

Characteristic	Treatment Staff		Non-Treatment Staff	
	N	%	N	%
Law Enforcement				
Very Dissatisfied	0	0.0	1	4.2
Dissatisfied	2	3.1	4	16.7
Undecided	9	13.8	1	4.2
Satisfied	39	60.0	14	58.3
Very Satisfied	15	23.1	4	16.7
Court				
Very Dissatisfied	0	0.0	1	4.5
Dissatisfied	3	4.6	5	22.7
Undecided	9	13.8	5	22.7
Satisfied	32	40.2	8	36.4
Very Satisfied	21	32.33	3	13.6
Adult Probation				
Very Dissatisfied	0	0.0	1	4.2
Dissatisfied	1	1.8	4	16.7
Undecided	14	25.5	6	25.0
Satisfied	27	49.1	9	37.5
Very Satisfied	13	23.6	4	16.7
Juvenile Probation				
Very Dissatisfied	1	1.6	0	0.0
Dissatisfied	1	1.6	4	18.2
Undecided	4	6.6	6	27.3
Satisfied	25	57.4	9	40.9
Very Satisfied	20	32.8	3	13.6
County Treatment Agencies				
Dissatisfied	5	8.6	4	17.4
Undecided	19	32.8	6	26.1
Satisfied	26	44.8	10	43.5
Very Satisfied	8	13.8	3	13.0
Private Treatment Agencies				
Very Dissatisfied	1	1.7	0	0.0
Dissatisfied	10	16.7	5	20.8
Undecided	20	33.3	9	37.5
Satisfied	22	36.7	9	37.5
Very Satisfied	7	11.7	1	4.2

Table 10 con't. Satisfaction with Levels of Cooperation from Other Agencies

| | Treatment Staff | | Non-Treatment Staff | |
Characteristic	N	%	N	%
Jail				
Very Dissatisfied	0	0.0	3	12.5
Dissatisfied	2	3.2	2	8.3
Undecided	20	32.3	5	20.8
Satisfied	33	53.2	9	37.5
Very Satisfied	7	11.3	5	20.8
Overall				
Dissatisfied	6	9.1	6	27.3
Undecided	13	19.7	4	18.2
Satisfied	41	62.1	10	45.5
Very Satisfied	6	9.1	2	9.1

Table 11. Mean Ratings of Community Corrections Components

Characteristic	Treatment Staff (N=67)	Non-Treatment Staff (N=24)
Leadership	4.07	3.48
Access to Leaders/Directors	4.46	3.65
Assessment of Offenders	3.97	3.26
Communication of Staff	4.21	3.26
Thoroughness of Case Files	4.03	3.30
Cooperation among Staff	4.19	3.29
Morale of Staff	3.96	3.09
Treatment Interventions	3.97	3.00
Interaction with Offenders	4.18	3.33
Recognition of Offenders' Needs	4.06	3.23
Addressing Offenders' Needs	3.98	3.09
Involvement of Family Members	3.68	2.86
Interaction with Staff from Other Treatment Agencies	3.70	3.18
Interaction with Court Staff	3.92	3.22
Interaction with Jail Staff	3.88	3.30
Interaction with Law Enforcement Staff	3.94	3.39

interaction with offenders and that the system does a good job of recognizing offenders' needs. However, treatment staff reported the system does only a fair job of assessing and addressing offenders' needs. Staff also reported staff morale as only being fair. Moreover, they rated treatment interventions and the involvement of family members as fair. Finally, interaction with treatment staff, court staff, jail staff, and law enforcement staff were also rated as fair.

While treatment staff rated some components as good, stakeholders generally rated each component as simply fair. Specifically, all components aside from family involvement had a mean rating of fair and family involvement was rated as poor.

Ratings of Priorities. In addition to being asked to rate various aspects of the Grant County Correctional System, respondents were also asked to rank the priorities of the system. Specifically, they were asked to rank, in order of importance, the role of risk management, treatment, cost effectiveness, punitivenss, and public protection[14]. As illustrated in Figure 6, the majority of both groups ranked public protection being the number one priority, while roughly a third of each group ranked treatment as being the priority of the system. Findings regarding the second most important priority varied between the groups. Figure 7 indicates that treatment staff ranked risk management as the second priority of the system while stakeholders ranked treatment as the second priority.

Goals of Treatment. Finally, respondents were asked to rank the goals of treatment. Specifically, they were asked to rank the importance of retribution, incapacitation, rehabilitation, and deterrence. Figure 8 illustrates the responses. As noted, close to 75 percent of the treatment staff and just over half of the stakeholders

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[14] Table 5 in Appendix B reports the actual ratings for each priority.

Figure 6: Top Priority of Grant County Correctional System

Percent

	Treatment Staff	Stakeholders
Risk Management	19	13.6
Treatment	32.8	31.8
Cost Effectiveness	12.5	18.2
Punitiveness	4.7	0
Public Protection	42.4	36.4
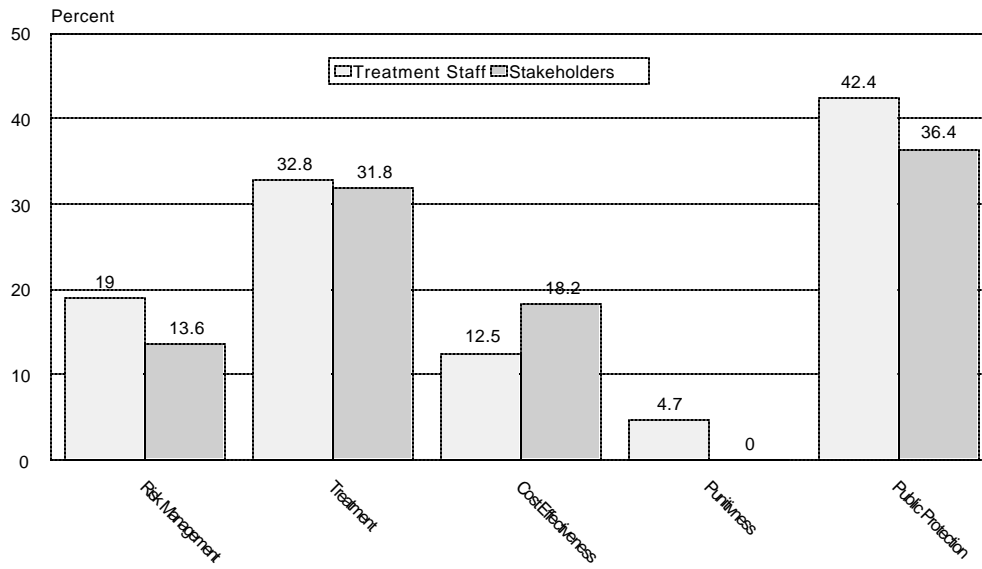
Figure 7: Secondary Priority of Grant County Correctional System

Percent

Legend: Treatment Staff, Stakeholders

Category	Treatment Staff	Stakeholders
Risk Management	39.7	22.7
Treatment	31.3	31.8
Cost Effectiveness	17.2	9.1
Punitiveness	10.9	9.1
Public Protection	6.3	27.3
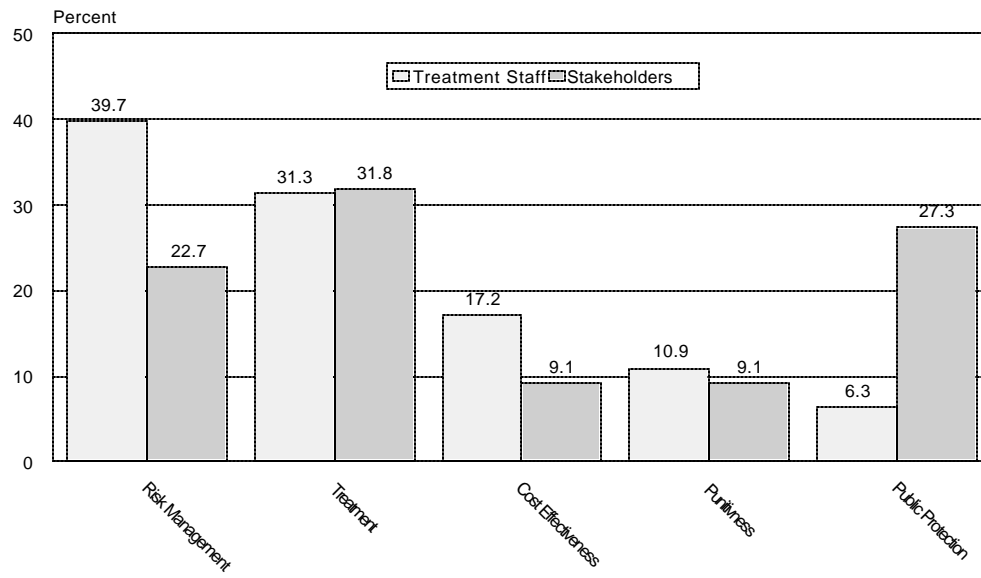
Figure 8: Primary Goal of Treatment

Percent

Legend: Treatment Staff, Stakeholder

	Retribution	Incapacitation	Rehabilitation	Deterrence
Treatment Staff	1.6	18.8	73.4	22.2
Stakeholder	0	29.4	52.9	17.6
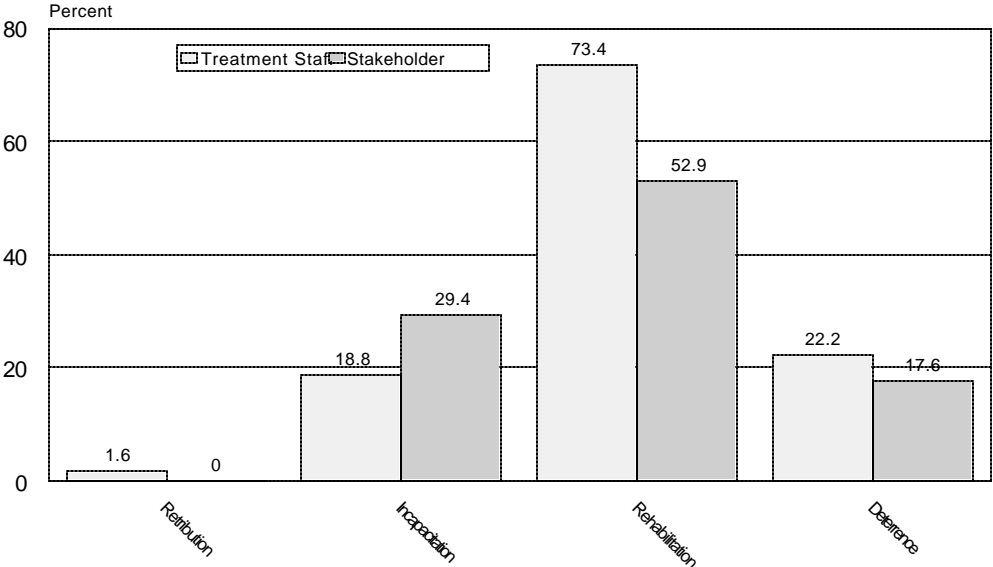
rated rehabilitation as the most important goal. Interestingly, almost a third of the stakeholders ranked incapacitation as the most important goal. When asked to rank the secondary goal of treatment, over half of the treatment staff ranked deterrence as the second most important goal (Figure 9). In contrast, only 18 percent of the stakeholders ranked deterrence as second most important. Moreover, 29 percent of stakeholders ranked incapacitation as the secondary goal while 24 percent identified retribution as the secondary goal of treatment. These differences between stakeholders and treatment staff suggest that the two groups have different understandings of the goals of treatment.

DISCUSSION

This report is a culmination of individual and aggregate level arrest data, staff and stakeholders perceptions, and CPAI interviews conducted on programs in Grant County. By incorporating the above data, the following conclusions were made.

General Conclusions

First, while the forecasting data reveal that the total number of arrests are expected to decline through the year 2005, it is reasonable to expect that the Grant County Correctional System will continue to serve sizeable numbers of individuals. Furthermore, while arrests in general may be declining the number of arrests for drug-related and alcohol-related arrests have increased. Moreover, some of these individuals may actually be repeat offenders. Accordingly, it is necessary for the Grant County Correctional System to have treatment programs if their goal is to reduce recidivism.

Second, based upon data collected from the CPAIs, the state of programming in Grant County is lacking. The overall CPAI score for the treatment programs was 45.2 percent which scored in the "unsatisfactory" range. Furthermore, the score for the

Figure 9: Secondary Goal of Treatment
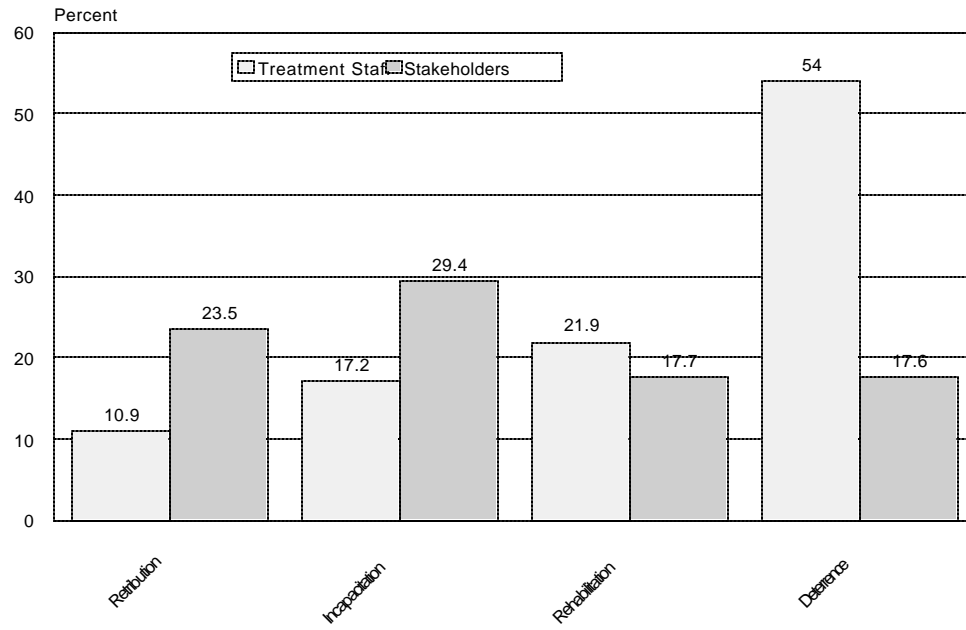
treatment component for the programming in Grant County was 23 percent which is again in the "unsatisfactory" range. Interestingly, staff and stakeholders rated the overall treatment in Grant County as "fair" which further indicates a need to improve upon the services being offered.

Lastly, while the programming in Grant County is in need of improvement, it appears that there is a foundation in place to assist with the changes that are needed. For example, data from the CPAI reveals that as a whole Grant County has qualified leadership and staff, community and staff support, and program stability. Furthermore, data from the staff and stakeholders surveys reveal that they have ranked components such as access to leaders, communication of staff, cooperation among staff, and interaction with various agencies as being "good". This network will be important for Grant County when they decide to implement changes based on the recommendations from the "What Works" literature.

Recommendations for Improving Programming in Grant County

Based on our evaluation of the treatment agencies, the following recommendation are needed to improve the Grant County Correctional System:

- The County and/or the treatment providers need to adopt an effective treatment model across all interventions/or programs such as social learning models or cognitive-behavioral models. Interventions based on these approaches are very structured and emphasize the importance of modeling and behavioral rehearsal techniques that engender self-efficacy, challenging cognitive distortions, and assist offenders in developing good problem solving and self control skills. Furthermore, cognitive-behavioral curriculums utilize a detailed and structured treatment manual, which assists in the delivery of the intervention.

  - While the juvenile residential facility (i.e., George Junior) is based on a social learning model, the program is not targeting criminogenic needs such as antisocial attitudes, cognitive distortions, or problem-solving

skills[15]. Accordingly, this program should implement a structured social learning approach with specific targets of known factors related to criminal behavior. Specifically, the environment should target antisocial attitudes and teach the youth social skills and problem-solving skills through instruction from the house parents[16], opportunities to practice the skills, and constructive feedback. George Junior should consider implementing *Thinking For a Change* (National Institute of Corrections) and/or focus on the social skills in *Aggression Replacement Therapy* (Goldstein, Glick, & Gibbs, 1998).

o Given the high number of offenders on supervision for substance abuse in Grant County and the forecasting data revealing that drug and alcohol-related arrests will continue to increase, it is imperative that the county implement effective treatment models for substance abuse. All the substance abuse programs should replace the 12-step, drug education programs with a cognitive-behavioral program. The facilities[17] should consider implementing curriculums such as *Strategies for Self-Change* (Wanberg & Milkman, 1998), the *Differential Substance Abuse Treatment System* (DSAT; Maine Office of Substance Abuse, 1999), or the *Drug Abuse Treatment Program* (DATP; Federal Bureau of Prisons, 1997). These curriculums are based on cognitive-behavioral therapy, target antisocial attitudes and substance abuse, and allow offenders the opportunities to practice skills necessary for sober living.

o Besides substance abuse, Grant County Correctional Services have offenders with anger management problems. As such, there is a need for an effective anger management program for both adults and juveniles. Therefore, the treatment providers should begin offering curriculums such as *Aggression Replacement Therapy* (Goldstein, Glick, & Gibbs, 1998). ART is a cognitive-behavioral therapy consisting of teaching social skills through social learning techniques; teaching skills for controlling anger; and moral education.

o Research has shown that sex offenders are one of the most difficult populations to effectively treat. As such, the Sex Offender Treatment

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[15] Additional criminogenic needs focus on changing antisocial peers; changing attitudes related to substance abuse, increasing attitudes/performance related to work or school; decreasing attitudes related to sexual offending; change attitudes, orientations, and values favorable to law violations and anti-criminal role model; reduce anger/hostility level; increase self-control; self-management; encourage use of prosocial leisure time; improve skills in interpersonal conflict resolution; promote family affection, communication, and monitoring; and relapse prevention. Accordingly, Grant County should increase services to target these areas.

[16] While the house parents are not "therapists", they should be able to implement these cognitive-behavioral curriculums after sufficient training.

[17] If the treatment providers are unwilling or cannot implement a cognitive-behavioral model, Grant County Community Corrections should consider referring to providers that are based on a cognitive-behavioral model and use an effective curriculum. If no such providers are found, then Grant County Community Corrections should implement cognitive-behavioral groups that target substance abuse.

group needs to be completely revamped. Grant County has a sizable number of sex offenders in the community, yet the services offered are clearly lacking. First, offenders spend limited amounts of time in treatment and have large amounts of unstructured time. This lack of structure, in combination with a lack of sufficient monitoring puts the community at great risk. Moreover, the treatment offered is often eclectic (e.g., education-based and client-centered) and fails to fully target criminogenic behaviors. Thus, the likelihood of recidivism is great. Moreover, by including victims in the groups, the offenders are likely nurturing their grooming skills, which may also translate to greater rates of recidivism. Efforts should be made to review and adopt a standardized curriculum so as to improve the services offered. The Center for Sex Offender Management (www.csom.org) is currently developing a sex offender program.

o All treatment programs[18] should have a family component, which teaches family members skills necessary to assist the offender in the community. However, some offenders and their families need more intensive treatment. As such, Grant County should implement an effective model for family therapy. Curriculums such as *Functional Family Therapy* (Sexton & Alexander, 1999) or *Multisystemic Therapy* (Henggeler & Borduin, 1990) haven been shown to be effective in treating offenders with familial problems.

o Grant County should implement additional programs that target antisocial thinking. Currently, Grant County Community Corrections is offering *Thinking For a Change* (National Institute of Corrections)*,* which is a cognitive-based curriculum that targets antisocial thinking. Aside from *Thinking For a Change*, Grant County should consider implementing additional curriculums that target antisocial attitudes, irrational beliefs, or thinking errors. Examples include: *Corrective Thinking* (Truthought, Inc.) and *Aggression Replacement Training* (Goldstein, Glick, & Gibbs, 1998).

- Treatment services in Grant County need to be more behavioral in that they require offenders to rehearse prosocial situations and skills. Role-plays should be implemented across all treatment services in Grant County. Practicing and rehearsal should be an integral part of all treatment services and all offenders should be required to participate in role-plays.

o All the treatment programs in Grant County should utilize more practicing of skills throughout the programming. In addition to role-plays, journaling, homework, and group exercises may be used to allow the offenders to practice and rehearse skills and behaviors. Staff should make

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[18] The Home-Based Services are providing some interventions for the parents/guardians of juvenile offenders.

sure that the exercises are relevant to the offenders' particular problems or situations.

- While Grant County Correctional Services are utilizing a standardized and objective assessment instrument, there is some room for improvement in their assessment of offenders.

  o All offenders should be assessed with the Level of Service Inventory – Revised (LSI-R) or the Youthful Level of Service Inventory (YLSI) regardless of their level of offense.

  o All offenders should be reassessed with the LSI-R or the Y-LSI. Offenders who are on supervision for long periods of time should be reassessed at least once a year. For offenders who are on shorter periods of supervision (usually one year or less), they should be reassessed at a minimum when they are terminated. However, Grant County should also consider assessing offenders when a significant event has occurred and there may be a change in the offender's life. The reassessment will determine if the offenders' level of risk and criminogenic needs have changed. In addition, the reassessments as a whole will allow the county to determine its effectiveness in reducing criminogenic needs.

  o While the offenders' risk levels and criminogenic needs are assessed with the LSI or the Y-LSI, responsivity issues are not formally assessed using standardized and objective instruments. As such, Grant County needs to adopt instruments that measure such factors as: personality, IQ, cognitive ability, level of motivation, anxiety, depression, and self-esteem. While these items should not be the main focus of treatment, they are barriers that may impede the offenders' abilities to understand and participate in treatment. The county should implement some standardized assessment instruments that measure responsivity. Examples include: the *Jesness Inventory* (measures antisocial personalities), an IQ test (Culture Fair IQ test), Texas Christian University's Institute of Behavioral Research's *Desire For Help*, *Treatment Readiness*, or *External Pressures* scales (measures motivational levels), *Beck's Anxiety Inventory* (measures anxiety), and *Beck's Depression Inventory* (measures depression). Again, the assessments should be completed on offenders upon intake into programming.

  o Two important populations will need additional assessments aside from the risk, need, and responsivity assessments. Substance abusers and sex offenders require additional assessments. As such, either the probation department or Family Services Sex Offender Program should implement standardized and objective risk assessments. Examples include: *STATIC-99* (Hanson & Thornton, 1999) or the *MnSOST-R* (Minnesota Sex Offender Screening Tool-Revised; Epperson, Kaul, & Hesselton, 1998).

For substance abusers, the substance abuse sections of LSI and the Y-LSI should be used as a screening tool to determine if additional assessments are required. If offenders score moderate to high risk on this section, then additional substance abuse assessments should be administered. The county or the treatment providers should consider implementing standardized substance abuse instruments. Examples include: the *Juvenile Automated Substance Abuse Evaluation* (JASAE, ADE Incorporated, 1997) for juveniles and the *Substance Abuse Subtle Screening Instrument* (SASSI), *Offender Profile Index* (OPI; Inciardi, & McBride, 1993), *Addiction Severity Index* (ASI; McLellan, 1985) or the *Adult Substance Use Survey* (ASUS; Wanberg, 1994) for adults.

- The treatment programs, probation departments, and community corrections in Grant County should implement a formal system of appropriate rewards and punishments. Behavioral programs should also provide reinforcements to encourage learning the new skills and practicing new skills, and for program participation and compliance. Furthermore, all staff should make sure the offenders recognize why they are being rewarded.

    o Specifically, treatment providers should hold offenders accountable for their activities in-group and should encourage compliance and participation through a structured set of rewards. For instance if a participant successfully completes the homework prior to group, then an appropriate reward should be given. Appropriate rewards may include receiving points in order to advance through stages of treatment, certificates for completion, incentives such as passes to local events, and praise.

    o While providers should be responsible for rewarding behaviors in group, probation should be responsible for rewarding behavior outside the group. Appropriate rewards from the probation department may include: reduced reporting to probation, later curfews, and praise.

- It is important that each time the offender engages in antisocial behaviors, he or she is appropriately punished. As such, it may be necessary for probation officers and treatment staff to punish antisocial attitudes and behaviors. Appropriate punishments include: time-outs, extra work assignments, and removing pleasant stimuli (i.e., taking away privileges). To maximize the effectiveness of punishments, staff should not allow offenders to escape from punishments, punishments should be consistently utilized, punishments should be varied so they do not lose their potency, and punishments should not be spread out.

    o Probation officers should have a formal punishment system in place to reduce the inconsistency between staff. For example, when an offender has a dirty drug test, an appropriate punishment may range from writing a

thinking report, to more frequent testing, to banning certain locations, to additional curfews, to increase in treatment.

o Treatment providers should also punish antisocial behavior instead of relying on the probation department. Accordingly, if an offender misbehaves in group, the staff should remove the offender from group, talk with him/her, and then issue a punisher. Appropriate punishments for treatment providers may include: extra assignments, removing privileges, removing points, or assigning extra time in treatment. When punishments are administered they may, at times, produce negative effects. Therefore, all staff should be thoroughly trained in the administration of punishments in order to recognize negative effects such as: negative emotions such as anger or shutting down, and increase in aggression.

o Treatment programs and the probation department should implement a system for administering punishments that includes the following: allowing time for the offender to cool-off and then talking with the offender. Staff should make sure to explain why the offender is being punished and then help the offender realize what they were thinking when they engaged in the behavior resulting in punishment. Furthermore, staff should allow the offender to explore what he or she could have done differently and how they will avoid the situation or behavior in the future.

• Once the programs in Grant County have implemented an effective treatment model for the various criminogenic targets, there are some specific recommendations that Grant County's programs should implement.

o Offenders have varying degrees of problems. As such, treatment programs in the county should vary treatment based on risk level. For example, if an offender scored as high risk on the LSI-R or the Y-LSI and scored as high risk on a substance abuse instrument, that individual needs more intensive services than someone who scores as low risk. Thus, Grant County has two options: 1) have certain treatment programs for low risk substance abuse offenders and certain treatment programs for high risk substance abuse offenders or 2) treatment programs have varying degrees of services and treatment services vary according to the risk level. If Grant County reconstructs its treatment ser vices and follows option 1, then probation officers can send high-risk offenders to the higher intensity treatment programs. If option 2 is implemented, Grant County should make referrals to treatment programs but require that higher risk offenders receive the more intensive programming. Whichever option is selected, Grant County should be certain that the programs are intensive. Intensive substance abuse programs will focus on attitudes and behaviors that are related to the offenders' substance abuse problem. Furthermore, the intensive program will require offenders to participate 3 to 5 times per week for a period of 2 hours or more per session. The intensive program

will teach offenders skills to refrain from substance abuse and provide plenty of opportunities while in the group setting for offenders to practice the skills. In addition, intensive programs will require the offenders to practice the skills in the community and then report back to the group. Furthermore, the higher risk offenders should be given homework whereby they practice the new skills in their own environment in the community. Aside from the number of sessions that offenders must attend during the week, higher risk offenders should also be in treatment groups for a longer duration than lower risk offenders.

o Not only should offenders be placed into treatment based on risk levels, offenders should also be matched to treatment and staff based on responsivity characteristics. For example, a low functioning individual will perform better in a highly structured treatment program instead of a program that is client-centered. As such, treatment programs should provide highly structured groups. Furthermore, a highly anxious individual will not perform well and may even shut down in a highly confrontational treatment group or a highly confrontational probation officer or treatment staff. Lastly, it is especially important that offenders who are being placed into any cognitive-behavioral group are assessed on their cognitive ability because of the fact that these curriculums require a certain degree of cognitive ability. However, this is not to say that a low functioning individual should not be placed into the group; rather, this individual may require additional support from the staff.

o Offenders whereabouts and peer associations should be strictly monitored. As a result, Grant County should improve its monitoring services. The monitoring of offenders may be accomplished through the use of a daily schedule; periodic monitoring of the schedule, frequent use of urine analysis; home visits; approved companions lists; calls to the offenders; random call-ins by the offenders; visits to the school; visits to the employer; and employment verification. Furthermore, treatment agencies should also be instrumental in monitoring the whereabouts and peers associations while not in treatment. Specifically, treatment providers should ask for employer, family, and school reports to be turned in on a weekly basis. In addition, the information on the monitoring of offenders should be consistently shared between probation officers and treatment providers. By doing this, staff will have an idea of what individuals are doing while not in treatment or in the probation office. This information can be useful in developing exercises and role-plays for rehearsing prosocial situations that arose in the community. In addition, when both the probation staff and the treatment staff are actively involved in monitoring, there is less of a chance the offender is associating in criminal activities and with antisocial peers.

o Treatment programs should implement aftercare for offenders that successfully complete the primary treatment. Aftercare is usually a step-down program in which offenders report to treatment less often. The focus on the treatment is usually rehearsing relapse prevention techniques. All offenders should be required to complete aftercare groups.

Based upon the evaluation of the Grant County Correctional System, the following policy recommendations are suggested to improve the system:

- The system should implement a formal management system to hold the treatment agencies accountable for the services they provide. The Corrections System should make sure that treatment agencies are providing the most effective treatment modalities, using behavioral rehearsal techniques, and providing appropriate reinforcements (both positive and negative). For example, reviews of the curriculums, meetings with treatment staff, interviews or surveys of the participants, and periodic sitting-in on groups should ensure that treatment providers are correctly implementing cognitive-behavioral or social learning modalities of treatment. If and agency is not adhering to the principles of effective interventions, then Grant County Community Corrections should stop referrals to that program.

- The Grant County Correctional System should have an assessment center or assign assessments to certain probation officers. Centralizing the assessments will ensure that all offenders are being assessed with the LSI, Y-LSI, substance abuse instruments, and responsivity instruments upon intake.

- The Grant County Correctional System should implement a formal information sharing system. While the LSI and the Y-LSI is being completed by the probation departments, the information should be shared with the treatment providers. The information obtained from the assessments should be used by the treatment providers in developing their treatment plans. The information sharing should be conducted on a regular and consistent basis (e.g., monthly) and may include: probation and treatment staff meetings, probation officers periodically setting-in on treatment groups, and consistent progress reports sent to all parties involved in the treatment.

- Grant County Correctional Services should require that all staff (community corrections staff, probation staff, and treatment staff) receive appropriate training. Accordingly, the system should implement a formal staff training program. Grant County should consider having monthly training sessions in which they bring in formal trainers to train staff on the principles of effective interventions, cognitive-behavioral therapies, standardized assessments, interpretation of the assessments, and the application of reinforcements. Furthermore, weekly review sessions could be implemented for each program in which staff meet for an hour for refresher courses on the above mentioned issues. Aside from the formal monthly trainings,

each program should train staff members on the cognitive-behavioral curriculums once they are implemented. Staff that have difficulty understanding the concepts should be moved to a position where they are not providing direct services to the offenders.

- Programs should have control over the termination of offenders. Termination should be based on the acquisition of prosocial skills and attitudes. The Grant County Community Correctional System should implement policies whereby completion of treatment and probation is based on the acquisition of skills and behaviors. Furthermore, the courts should assist this task by not releasing offenders early unless they have demonstrated the acquisition of attitudes and skills. Lastly, examples of completion criteria may include: a certain number of clean drug tests, acquisition of prosocial attitudes as determined by pre and post-testing of criminal attitudes instruments; a reduction in risk levels and criminogenic needs as determined by the LSI or the Y-LSI; and the acquisition of prosocial skills as demonstrated consistently in treatment and by monitoring from the probation department.

- The Grant County Correctional System should develop and maintain an data management system. The system should be centralized with probation agencies, community corrections, and treatment agencies having access. The data management system should be used to store offender assessments, offender reassessments, and progress reports (i.e., progress notes, results of drug testing, etc.). In addition, the system should begin tracking offenders after they have been terminated from probation and community corrections. The recidivism information should also be maintained in an automated database. By having a data management system, the county can easily produce recidivism studies to determine its effectiveness in reducing recidivism.

While many recommendations have been given, Grant County has a strong foundation in place that is needed to make these changes. By continuing to implement changes consistent with the research on effective interventions, the community corrections system in Grant County will likely increase its ability to identify appropriate targets for change and provide effective interventions to reduce those criminogenic behaviors.

APPENDIX A

DATA COLLECTION INSTRUMENTS

Grant County Evaluation
Data Collection Form
Adult Probation/Community Corrections

_____Case Number

_____SSN

_____Name
Last   First   Middle Initial

_____/_____/_____DOB

_____ Group Code: 1=Adult Probation   2=Community Corrections
                     3=Juvenile Probation   4=Informal Adjustment (juvenile)

_____/_____/_____Arrest Date

_____/_____/_____Date of Conviction

_____/_____/_____Sentencing Date

_____Sex: 1=Male   2=Female

_____Race: 1=White 2=Black 3=Hispanic 4=Other   9=missing

_____Marital Status: 1=Married   2=Not Married   9=missing

_____Highest Grade Completed (12=GED, 99=Missing)

_____Was the offender employed at the time of arrest?
                     1=yes   2= no   9= missing

_____Number of child dependents (under 18 years of age) (99=missing)

_____Prior Arrests: 1=yes   2=no 9=missing

_____Prior Convictions: 1= yes   2= no 9= missing

_____Prior Juvenile Arrests: 1=yes   2=no   9=missing

_____Prior Juvenile Adjudications: 1=yes   2=no   9=missing

_____Prior Probation: 1=yes   2=no   9=missing

_____ Prior successful completion of probation: 1=yes   2=no   9=missing

_____Prior Commitments (Jail): 1=yes   2=no   9=missing

_____Prior Commitments (DOC):   1=yes   2=no   9=missing

_____ Current charge (most serious): 1=DUI   2=DV   3=Drugs   4=Sex
                                      5=Property   6=Personal   7=Other_____
                                      8= Technical Violation   9=missing

_____Level of offense at time of arrest: 1=FA   2=FB   3=FC   4=FD   5=MA
                                          6=MB   7=MC   8=Delinquent   9=missing

_____Did the offender spend time in jail for the current offense?
            1=yes   2=no   9=missing

_____Has this individual been previously convicted of the same offense?
            1=yes   2=no   9=missing

Check all items that apply regarding the legal status of the offender:

        _____Straight Probation   _____Split Sentence
        _____Work Release   _____Probation Violator
        _____Prison (DOC)   _____Electronic Monitoring
        _____Fines   _____Community Service
        _____Jail   _____missing

_____PSI Recommendation:

        _____Straight Probation   _____Split Sentence
        _____Work Release   _____Prison (DOC)
        _____Electronic Monitoring   _____Jail
        _____missing

_____Risk Score (99=missing)

_____Risk Classification: 1=high 2=medium 3=low 9=missing

_____Risk Instrument

Problem Areas: 1=yes   2=no   9=missing

_____Employment   _____Domestic Violence
_____Substance Abuse   _____Education
_____Mental Health   _____Family
_____Housing   _____Physical Health

Staff Member Survey

Instructions: Please answer the following questions to the best of your ability. You answers are an important part of this project. The survey consists of two parts: part I describes your position, education, and experience while part II describes the program. To protect your confidentiality, please separate your completed survey and seal it in the provided envelopes. *Please do not mail this survey*. The University of Cincinnati research team will collect your completed survey during a site visit. If you have any questions or concerns regarding this survey, please call Debi Shaffer at 513-556-0615 or Jennifer Pealer at 513-556-2036. Thank you for your participation.

Part I

1. Name:_____

2. Agency Name:_____

3. Program Name (please be

specific):_____

4. Address:_____

5. Position/Title:_____

6. Years in current position:_____

7. How long have you worked for this program?_____

8. What is your educational level?
   a. High School Diploma
   b. Some College
   c. Associates
   d. B.S./B.A./B.S.W.
   e. M.S./M.A./M.S.W. or higher

9. Area of Degree:_____

10. Certifications/Licensure_____

11. Before you came to this program, have you worked for another program with

offenders?   Yes   No

If yes, please complete the following:

Program:_____Title:_____ Years:_____

Program:_____ Title:_____ Years:_____

Program:_____Title:_____ Years:_____

Program:_____Title:_____ Years:_____

12. Briefly describe the *formal* training you received when you were first hired at this agency.

13. How long did the *formal* training period last?

14. Please list the trainings you attended during the past year.

Training:_____ Hours:_____ Required?_____

Training:_____Hours:_____ Required?_____

Training:_____ Hours:_____ Required?_____

Training:_____Hours:_____ Required?_____

Training:_____ Hours:_____ Required?_____

Please place this part of the survey in the envelope marked "Part I." After sealing the envelope, please continue on to Part II of the survey.

Part II

What percentage of offenders are assessed on risk/need factors upon entering your program?
    a. less than 25 percent
    b. 26-50 percent
    c. 51-75 percent
    d. more than 76 percent
    e. do not know

What percentage of offenders are reassessed before they leave your program?
    a. less than 25 percent
    b. 26-50 percent
    c. 51-75 percent
    d. more than 76 percent
    e. do not know

How adequate is your assessment process?

      1   2   3   4   5
  not adequate   very adequate

    If inadequate, why?

What are the eligibility criteria potential offenders must meet before being <u>admitted</u> into the program?

How well are these eligibility criteria adhered too?
    a. Completely
    b. Mostly
    c. Somewhat
    d. Not at all
    e. Do not know

What exclusionary criteria are in place that would render a potential offender <u>ineligible</u> for your program?

How well are these exclusionary criteria adhered too?
   a. Completely
   b. Mostly
   c. Somewhat
   d. Not at all
   e. Do no know
Please check all the groups or services offered by your program.

Substance abuse treatment	_____
Substance abuse education	_____
Thinking errors	_____
Anger management	_____
Relapse prevention	_____
Aftercare classes	_____
Financial planning	_____
Employment services	_____
Sex offender treatment	_____
Theft prevention	_____
Crisis intervention	_____
Mental health	_____
Parenting services	_____
Health services (hygiene)	_____
Vocational services/training	_____
Education services (GED)	_____
Individual counseling	_____
Group counseling	_____
Family counseling	_____
Community service	_____
Restitution	_____
Electronic monitoring/house arrest	_____
Spirituality	_____
Batterer's program	_____
Home-Based Services	_____

If there are any other groups/services that your program offers that is not included in the above list, please write these services/groups in the space below.

Do any of the above groups or services utilize a standardized curriculum?

     Yes   No

If yes, please list the groups which utilize a standardized curriculum.

Do you feel that the majority of offenders received by your program are appropriate for the services you offer?
    a. yes
    b. no
    c. do not know

What percentage of offenders do you feel are inappropriate for the services your program offers?
    a. less than 10 percent
    b. 11 to 30 percent
    c. 31 to 50 percent
    d. more than 50 percent

On average, how long does the typical offender remain in your program?_____

       What is the range?_____

How adequate is the length of the treatment program?

     1   2   3   4   5
  not adequate   very adequate

       If inadequate, why?

If your program is located in a community, what formal checks are in place to monitor a participant's activities while not in the treatment setting? (check all that apply)

a. random drug testing____
b. random phone calls____
c. home visits____
d. sign-in sheets____
e. regular contact with probation____
f. regular contact with employer____
g. other:_____
h. do not know____

How adequate are the checks?

1	2	3	4	5
not adequate				adequate

If inadequate, why?

Does the program utilize rewards to encourage prosocial behavior?

a. yes
b. no
c. do not know

If yes, what rewards are used?

How adequate are the rewards?

1	2	3	4	5
not adequate				very adequate

If inadequate, why?

Does the program utilize punishers/consequences?
   a. yes
   b. no
   c. do not know

If yes, what punishers/consequences are used?

How adequate are the punishers/consequences?

      1   2   3   4   5
   not adequate   very adequate

      If inadequate, why?

Which are used more frequently, rewards or punishers?
   a. rewards
   b. punishers
   c. both are used at the same rate
   d. do not know

Are families/significant others required to be involved in treatment activities?
   a. yes
   b. no
   c. do not know

If yes, how are families/significant others involved in treatment?

How adequate are the treatment services provided to families/significant others?

      1   2   3   4   5
   not adequate   very adequate

      If inadequate, why?

Does your program offer aftercare?
   a. yes
   b. no
   c. do not know

Which of the following are true regarding aftercare? (check all that apply)
   a. all offenders are required to participate in aftercare_____
   b. aftercare is provided on-site____
   c. aftercare is the responsibility of an outside provider____
   d. a manual is used for aftercare_____

How adequate are the aftercare services?

   1   2   3   4   5
   not adequate   very adequate

   If inadequate, why?

What types of internal quality assurance mechanisms are in place to monitor the services and groups your program offers? (Check all that apply)
   a. regular case file audits_____
   b. observation of groups_____
   c. regular reports on offender progress_____
   d. pre/post testing of offenders_____
   e. reassessment_____
   f. offender satisfaction surveys_____
   g. weekly staffings_____
   h. monthly staffings_____
   i. other:_____
   j. none_____

How adequate are the internal quality assurance mechanisms?

   1   2   3   4   5
   not adequate   very adequate

   If inadequate, why?

If outside treatment providers are utilized, what quality assurance mechanisms are in place to monitor the services and groups from these providers? (check all that apply)
   a. progress reports_____
   b. regular phone calls_____
   c. phone calls as needed_____
   d. group observation_____
   e. offender self reporting_____
   f. file reviews_____
   g. other:_____
   h. do not know_____

How adequate are the quality assurance mechanism for outside treatment providers?

1	2	3	4	5
not adequate				very adequate

   If inadequate, why?

PLEASE RATE EACH OF THE FOLLOWING:

In your opinion, have there been any changes in the **program** itself since 2000, which have jeopardized the smooth functioning of the program?

1	2	3	4	5
no changes				many changes

If many changes, please explain:

Have there been any **changes** in the area of program **funding** since 2000, which have jeopardized the smooth functioning of the program?

1	2	3	4	5
no changes				many changes

If many changes, please explain:

Have there been any changes in **community support** for the program since 2000, which have jeopardized the smooth functioning of the program?

1	2	3	4	5
no changes				many changes

If many changes, please explain:

How supportive are **staff** of the treatment efforts provided by the program (i.e. the values and goals of the program?

1	2	3	4	5
not supportive				very supportive

How supportive is the **community at large** of your program?

1	2	3	4	5
not supportive				very supportive

Is the **current funding** considered adequate to sustain the program?

1	2	3	4	5
not adequate				very adequate

If not adequate, please note concerns

Please rate each of the following programs:

	Very poor	Poor	Fair	Good	Very good	do not know
POOL School	1	2	3	4	5	6
Challenge Ed Summer Program	1	2	3	4	5	6
Trinity House Drug/Alcohol Services						
Juvenile	1	2	3	4	5	6
Adult	1	2	3	4	5	6
Cornerstone Drug/Alcohol Services						
Juvenile	1	2	3	4	5	6
Adult	1	2	3	4	5	6
Cornerstone Home-Based Services	1	2	3	4	5	6
Family Service Society						
Sex Offender Program	1	2	3	4	5	6
Batterer's program	1	2	3	4	5	6
Home-Based Services	1	2	3	4	5	6
George Jr. Preventative Aftercare	1	2	3	4	5	6
George Jr. Group Home	1	2	3	4	5	6
Work Release Program	1	2	3	4	5	6
Inmate Work Program	1	2	3	4	5	6
Jail Addiction Treatment	1	2	3	4	5	6
Truancy Intervention Program	1	2	3	4	5	6
Step-Out Program	1	2	3	4	5	6
Thinking for A Change	1	2	3	4	5	6
Court Alcohol Drug Program	1	2	3	4	5	6

Overall, how would you rate the treatment programs in your agency?

1	2	3	4	5
very poor	poor	fair	good	very good

    Why did you give your agency this rating?

Overall, how would you rate the treatment programs throughout your county?

1	2	3	4	5
very poor	poor	fair	good	very good

    Why did you give the treatment programs in your county this rating?

We are interested in knowing what the goals your agency are. For each of the four items, please rate each one in the order of importance (1 = very important 2 = important; 3 = somewhat important; 4 = least important) according to what you think is the goal of your agency.

_____ Retribution – to pay offenders back for the harm they have caused society

_____ Incapacitation – to protect society by limiting an offender's ability to commit crime

_____ Rehabilitation – to reform offenders so that they will become productive members of society

_____ Deterrence – to teach offenders as well as other people that crime does not pay

How satisfied are you with the <u>level of cooperation</u> between your agency and the following agencies:

	Very Unsatisfied	Unsatisfied	Undecided	Satisfied	Very Satisfied
Law enforcement	1	2	3	4	5
Court	1	2	3	4	5
Adult Probation	1	2	3	4	5
Juvenile Probation	1	2	3	4	5
Treatment (county)	1	2	3	4	5
Treatment (private)	1	2	3	4	5
Jail	1	2	3	4	5

Overall, how satisfied are you with the level of cooperation among all agencies that are in contact with offenders within the county?

Very Unsatisfied	Unsatisfied	Undecided	Satisfied	Very Satisfied
1	2	3	4	5

How supportive of treatment are staff from the following agencies?

	Very Unsatisfied	Unsatisfied	Undecided	Satisfied	Very Satisfied
Law enforcement	1	2	3	4	5
Court	1	2	3	4	5
Adult Probation	1	2	3	4	5
Juvenile Probation	1	2	3	4	5
Treatment (county)	1	2	3	4	5
Treatment (private)	1	2	3	4	5

Why do you feel some staff are not supportive of treatment?

Please rank the following components of community sanctions in order of importance with 1 = most important and 5 = least.

_____ Risk management

_____ Treatment

_____ Cost effectiveness

_____ Punitiveness

_____ Public protection

Please rate the following components of your agency using the following scale:

	Very Poor	Poor	Fair	Good	Very Good
Leadership	1	2	3	4	5
Access to leaders/directors	1	2	3	4	5
Assessment of offenders	1	2	3	4	5
Communication between staf	1	2	3	4	5
Completeness of case files	1	2	3	4	5
Cooperation among staff	1	2	3	4	5
Morale of staff	1	2	3	4	5
Treatment interventions	1	2	3	4	5
Interaction with offenders	1	2	3	4	5
Recognition of offender's needs	1	2	3	4	5
Addressing offender's needs	1	2	3	4	5
Involving the family members of offenders	1	2	3	4	5
Interaction with staff from other TX agencies	1	2	3	4	5
Interaction with staff from court	1	2	3	4	5
Interaction with staff from jail	1	2	3	4	5
Interaction with staff from law enforcement	1	2	3	4	5

What are the greatest strengths of your agency ?

What are the most significant shortcomings of your agency?

In general, how supportive would you say the general public is of your program or agency?

      a. Very unsupportive
      b. Unsupportive
      c. Undecided
      d. Supportive
      e. Very supportive

Why is the general public unsupportive or supportive of your program or agency?

Thank you for your participation in this study. Please seal this part of the survey in the attached envelope marked Part II. Please return both envelopes to your supervisor. Researchers from the University of Cincinnati will pick up the surveys and keep them separated to insure your confidentiality.

Stakeholder Member Survey

Instructions: Please answer the following questions to the best of your ability. Your answers are an important part of this project. To protect your confidentiality, please separate your completed survey and seal it in the provided envelopes. *Please do not mail this survey*. The University of Cincinnati research team will collect your completed survey during a site visit. If you have any questions or concerns regarding this survey, please call Debi Shaffer at 513-556-0615 or Jennifer Pealer at 513-556-2036. Thank you for your participation.

Part I

1. Name:_____

2. Agency Name:_____

3. Program Name (please be

specific):_____

4. Address:_____

5. Position/Title:_____

6. Years in current position:_____

7. How long have you worked for this program?_____

8. What is your educational level?
    f. High School Diploma
    g. Some College
    h. Associates
    i. B.S./B.A./B.S.W.
    j. M.S./M.A./M.S.W. or higher

9. Area of Degree:_____

10. Certifications/Licensure_____

Have you received any training on effective interventions with offenders?
    a. yes
    b. no

If yes, briefly describe the training you have received in this area.

What percentage of offenders is assessed on risk/need factors upon entry into the Grant County Community Corrections System (GCCCS)?

- f. less than 25 percent
- g. 26-50 percent
- h. 51-75 percent
- i. more than 76 percent
- j. do not know

What percentage of offenders are reassessed before they leave the GCCCS?

- e. less than 25 percent
- f. 26-50 percent
- g. 51-75 percent
- h. more than 76 percent
- e. do not know

How adequate is the assessment process?

1	2	3	4	5
not adequate				very adequate

If inadequate, why?

Please check all the groups or services offered by the GCCCS.

Substance abuse treatment	_____
Substance abuse education	_____
Thinking errors	_____
Anger management	_____
Relapse prevention	_____
Aftercare classes	_____
Financial planning	_____
Employment services	_____
Sex offender treatment	_____
Theft prevention	_____
Crisis intervention	_____
Mental health	_____
Parenting services	_____
Health services (hygiene)	_____
Vocational services/training	_____
Education services (GED)	_____
Individual counseling	_____
Group counseling	_____
Family counseling	_____
Community service	_____
Restitution	_____

Electronic monitoring/house arrest _____
Spirituality _____
Batterer's program _____
Home-Based Services _____

If there are any other groups/services that the county offers that are not included in the above list, please write these services/groups in the space below.

Do any of the above groups or services utilize a standardized curriculum?
    d. yes
    e. no
    c. do not know

If yes, please list the groups which utilize a standardized curriculum.

What percentage of offenders do you feel are inappropriate for the services offered in your community?
    e. less than 10 percent
    f.   11 to 30 percent
    g. 31 to 50 percent
    h. more than 50 percent

On average, how long does the typical offender remain in correctional programming?_____

        What is the range?_____

How adequate is the length of time an offender typically spends in correctional programming?

    1   2   3   4   5
  not adequate   very adequate

        If inadequate, why?

What formal checks are in place to monitor an offender's activities while not in the treatment setting? (check all that apply)
- i. random drug testing____
- j. random phone calls____
- k. home visits____
- l. sign-in sheets____
- m. regular contact with probation____
- n. regular contact with employer____
- o. other:_____
- p. do not know____

How adequate are the checks?

1	2	3	4	5
not adequate				adequate

     If inadequate, why?

Are families/significant others of offenders required to be involved in treatment activities?
- d. yes
- e. no
- f. do not know

If yes, how are families/significant others involved in treatment?

How adequate are the treatment services provided to families/significant others?

1	2	3	4	5
not adequate				very adequate

     If inadequate, why?

Does your county offer aftercare services?
  d. yes
  e. no
  f. do not know

Which of the following are true regarding aftercare? (check all that apply)
  e. all offenders are required to participate in aftercare_____
  f. aftercare is provided on-site____
  g. aftercare is the responsibility of an outside provider____
  h. a manual is used for aftercare_____

How adequate are the aftercare services?

1	2	3	4	5
not adequate				very adequate

    If inadequate, why?

What types of quality assurance mechanisms are in place to monitor the services and groups offered by your county? (Check all that apply)
  k. regular case file audits_____
  l. observation of groups_____
  m. regular reports on offender progress_____
  n. pre/post testing of offenders_____
  o. reassessment_____
  p. offender satisfaction surveys_____
  q. weekly staffings_____
  r. monthly staffings_____
  s.   progress reports_____
  t. regular phone calls_____
  u. phone calls as needed_____
  v. group observation_____
  w. offender self reporting_____
  x. file reviews_____
  y. none_____
  z. other:_____
  aa. do not know_____

PLEASE RATE EACH OF THE FOLLOWING:

In your opinion, have there been any changes in the **correctional programming** itself since 2000, which have jeopardized the smooth functioning of correctional programming?

1	2	3	4	5
no changes				many changes

If many changes, please explain:

Have there been any **changes** in the area of **funding** since 2000, which have jeopardized the smooth functioning of correctional programming?

1	2	3	4	5
no changes				many changes

If many changes, please explain:

Have there been any changes in **community support** for correctional programming since 2000, which have jeopardized the smooth functioning of the programs?

1	2	3	4	5
no changes				many changes

If many changes, please explain:

How supportive are the Grant County Criminal Justice System **staff** of the treatment efforts provided by correctional programming (i.e. the values and goals of the program)?

1	2	3	4	5
not supportive				very supportive

How supportive is the **community at large** of correctional programs?

1	2	3	4	5
not supportive				very supportive

Is the **current funding** considered adequate to sustain correctional programming?

1	2	3	4	5
not adequate				very adequate

If not adequate, please note concerns

Please rate each of the following programs:

	Very poor	Poor	Fair	Good	Very good	do not know
POOL School	1	2	3	4	5	6
Challenge Ed Summer Program	1	2	3	4	5	6
Trinity House Drug/Alcohol Services						
Juvenile	1	2	3	4	5	6
Adult	1	2	3	4	5	6
Cornerstone Drug/Alcohol Services						
Juvenile	1	2	3	4	5	6
Adult	1	2	3	4	5	6
Cornerstone Home-Based Services	1	2	3	4	5	6
Family Service Society						
Sex Offender Program	1	2	3	4	5	6
Batterer's program	1	2	3	4	5	6
Home-Based Services	1	2	3	4	5	6
George Jr. Preventative Aftercare	1	2	3	4	5	6
George Jr. Group Home	1	2	3	4	5	6
Work Release Program	1	2	3	4	5	6
Inmate Work Program	1	2	3	4	5	6
Jail Addiction Treatment	1	2	3	4	5	6
Truancy Intervention Program	1	2	3	4	5	6
Step-Out Program	1	2	3	4	5	6
Thinking for A Change	1	2	3	4	5	6
Court Alcohol Drug Program	1	2	3	4	5	6

Overall, how would you rate the treatment programs throughout your county?

1	2	3	4	5
very poor	poor	fair	good	very good

Why did you give the treatment programs in your county this rating?

We are interested in knowing what the goals of your county are. For each of the four items, please rate each one in the order of importance (1 = very important 2 = important; 3 = somewhat important; 4 = least important) according to what you think is the goal of your county.

_____ Retribution – to pay offenders back for the harm they have caused society

_____ Incapacitation – to protect society by limiting an offender's ability to commit crime

_____ Rehabilitation – to reform offenders so that they will become productive members of society

_____ Deterrence – to teach offenders as well as other people that crime does not pay

How satisfied are you with the <u>level of cooperation</u> between your agency and the following agencies:

	Very Unsatisfied	Unsatisfied	Undecided	Satisfied	Very Satisfied
Law enforcement	1	2	3	4	5
Court	1	2	3	4	5
Adult Probation	1	2	3	4	5
Juvenile Probation	1	2	3	4	5
Treatment (county)	1	2	3	4	5
Treatment (private)	1	2	3	4	5
Jail	1	2	3	4	5

Overall, how satisfied are you with the level of cooperation among all agencies that are in contact with offenders within the county?

Very Unsatisfied	Unsatisfied	Undecided	Satisfied	Very Satisfied
1	2	3	4	5

How supportive of treatment are staff from the following agencies?

	Very Unsatisfied	Unsatisfied	Undecided	Satisfied	Very Satisfied
Law enforcement	1	2	3	4	5
Court	1	2	3	4	5
Adult Probation	1	2	3	4	5
Juvenile Probation	1	2	3	4	5
Treatment (county)	1	2	3	4	5
Treatment (private)	1	2	3	4	5
Jail	1	2	3	4	5

Why do you feel some staff are not supportive of treatment?

Please rank the following components of community sanctions in order of importance with 1 = most important and 5 = least.

_____ Risk management

_____ Treatment

_____ Cost effectiveness

_____ Punitiveness

_____ Public protection

Please rate the following components of your county using the following scale:

	Very Poor	Poor	Fair	Good	Very Good
Leadership	1	2	3	4	5
Access to leaders/directors	1	2	3	4	5
Assessment of offenders	1	2	3	4	5
Communication between Staff	1	2	3	4	5
Completeness of case files	1	2	3	4	5
Cooperation among staff	1	2	3	4	5
Morale of staff	1	2	3	4	5
Treatment interventions	1	2	3	4	5
Interaction with offenders	1	2	3	4	5
Recognition of offender's needs	1	2	3	4	5
Addressing offender's needs	1	2	3	4	5

Involving the family members of offenders	1	2	3	4	5
Interaction with staff from other TX agencies	1	2	3	4	5
Interaction with staff from court	1	2	3	4	5
Interaction with staff from Jail	1	2	3	4	5
Interaction with staff from law enforcement	1	2	3	4	5

What are the greatest strengths of GCCCS?

What are the most significant shortcomings of GCCCS?

In general, how supportive would you say the general public is of the GCCCS?

     a. Very unsupportive
     b. Unsupportive
     c. Undecided
     d. Supportive
     e. Very supportive

Why is the general public unsupportive or supportive of the GCCCS?

Thank you for your participation in this study. Please seal this survey in the attached envelope. Please return the envelopes to your supervisor. Researchers from the University of Cincinnati will pick up the survey upon a future visit to Grant County.

APPENDIX B

TABLES AND GRAPHS

Table 1. Total Number of Arrests Per Year in Grant County

	1989	1990	1991	1992	1994	1995	1996	1997	1998	1999	2000
Total Arrests	3725	3911	4686	4257	438	4261	4515	4877	4643	4125	3822
Total Violent Crimes Arrests	133	125	123	115	153	190	287	309	126	74	109
Total Property Crimes Arrests	367	360	468	460	488	494	700	886	516	405	286
Murder	0	1	4	2	0	1	0	1	0	1	5
Rape	2	2	4	6	3	6	1	0	4	1	0
Robbery	19	19	16	30	22	29	26	30	13	11	18
Aggravated Assault	112	103	99	77	128	154	260	278	109	61	86
Burglary	116	47	78	100	45	56	94	61	60	47	71
Larceny	229	277	369	343	425	419	586	803	448	352	202
Motor Vehicle Theft	15	35	12	12	17	9	19	20	5	5	7
Arson	7	1	9	6	1	9	1	2	3	1	6
Other Assaults	166	248	354	313	146	153	87	155	307	267	268
Forgery/Fraud	257	265	330	285	43	71	53	71	92	118	71
Have Stolen Property	26	7	38	19	27	32	30	20	35	19	20
Vandalism	73	89	108	59	59	27	31	41	30	50	13
Weapons Violation	20	14	22	33	59	49	24	38	36	27	19
Prostitution	0	0	1	2	0	2	0	0	0	0	0
Sex Offenses	28	39	30	18	24	33	23	14	25	21	19
Drug Abuse Violations	177	144	171	185	282	268	322	309	391	332	296
Drug Sell/Manufacture	80	66	130	150	102	128	186	132	134	114	46
Drug Possession	136	111	105	110	231	204	229	225	324	275	273
Gambling	0	0	0	0	0	0	0	0	0	0	0
Offense Against Family & Child	4	12	5	6	172	84	44	52	73	61	61
DUI	361	318	506	489	488	511	403	430	459	407	541
Liquor Law Violation	339	435	343	372	344	226	311	297	262	262	202
Public Drunkenness	360	360	336	300	315	320	306	259	215	208	271
Disorderly Conduct	149	189	140	104	148	100	81	67	65	59	87
Vagrancy	0	0	23	44	0	6	0	0	0	0	1
All Other Offenses*	1079	1152	1482	1322	897	1376	1649	1736	1810	1651	1423
Suspicion	0	1	7	4	41	1	0	0	2	1	2
Curfew	54	39	95	73	203	158	94	73	79	54	17
Runaway	132	114	104	53	149	159	70	120	120	109	116

* Does not include traffic violations

Table 2. Current Charge by a Previous Conviction for the Current Charge

Previous Conviction:	Current Charge						
	DUI (N=69)	Property (N=29)	Drugs (N=27)	Personal (N=13)	Sex (N=6)	Other (N=26)	Total (N=170)
Yes	40.6%	24.1%	18.5%	15.4%	0.0%	15.4%	27.1%
No	59.4%	75.9%	81.5%	84.6%	100.0%	84.6%	72.9%

$\chi^2 = 12.433$; p = .029

Table 3. Program Ratings

Characteristic	Treatment Staff (N=67)		Non-Treatment Staff (N=24)	
POOL School				
Very poor	0	0.0	1	4.2
Poor	4	6.3	2	8.3
Fair	11	17.2	0	0.0
Good	15	23.4	3	12.5
Very good	8	12.5	1	4.2
Do not know	26	40.6	17	70.8
Mean	3.71		3.43	
Challenge Ed Summer Program				
Very poor	0	0.0	1	4.2
Poor	4	6.1	0	0.0
Fair	12	18.2	2	8.3
Good	11	16.7	2	8.3
Very good	6	9.1	0	0.0
Do not know	33	50.0	19	79.2
Mean	3.58		3.00	
Trinity House Juvenile D/A Services				
Very poor	2	3.1	0	0.0
Poor	9	13.8	2	8.3
Fair	16	24.6	4	16.7
Good	8	12.3	5	20.8
Very good	4	6.2	0	0.0
Do not know	26	40.0	13	54.2
Mean	3.08		3.27	
Trinity House Adult D/A Services				
Poor	2	3.2	2	8.3
Fair	14	22.2	7	29.2
Good	13	20.6	6	25.0
Very good	2	3.2	0	0.0
Do not know	32	50.8	9	37.5
Mean	3.48		3.27	

Table 3.con't Program Ratings

Characteristic	Treatment Staff		Non-Treatment Staff	
	N	%	N	%
Cornerstone Juvenile D/A Services				
Very poor	1	1.5	0	0.0
Poor	6	9.2	1	4.3
Fair	12	18.5	8	34.8
Good	13	20.0	1	4.3
Very good	12	18.5	2	8.7
Do not know	21	32.3	11	47.8
Mean	3.66		3.33	
Cornerstone Adult D/A Services				
Very poor	1	1.5	0	0.0
Poor	1	1.5	3	13.0
Fair	12	18.5	9	39.1
Good	12	18.5	2	8.7
Very good	10	15.4	2	8.7
Do not know	29	44.6	7	30.4
Mean	3.81		3.19	
Cornerstone Home-Based Services				
Very poor	1	1.5	0	0.0
Poor	2	3.1	0	0.0
Fair	9	13.8	8	40.0
Good	11	16.9	2	10.0
Very Good	14	21.5	1	5.0
Do not know	28	43.1	9	45.0
Mean	3.95		3.36	
Family Services Sex Offender Program				
Very poor	1	1.5	2	8.3
Fair	4	6.0	4	16.7
Good	14	20.9	3	12.5
Very Good	25	37.3	5	20.8
Do not know	23	34.3	10	41.7
Mean	4.41		3.64	

Table 3.con't Program Ratings

Characteristic	Treatment Staff		Non-Treatment Staff	
	N	%	N	%
Family Services Batterer's Program				
Very poor	1	1.5	1	4.2
Poor	1	1.5	2	8.3
Fair	7	10.4	9	37.5
Good	18	26.9	3	12.5
Very Good	10	14.9	3	12.5
Do not know	30	44.8	6	25.0
Mean	3.95		3.28	
Family Services Home-Based Services				
Poor	6	9.2	0	0.0
Fair	7	10.8	7	29.2
Good	15	23.1	3	12.5
Very Good	8	12.3	2	8.3
Do not know	29	44.6	12	50.0
Mean	3.69		3.58	
George Jr. Preventative Aftercare				
Poor	1	1.5	0	0.0
Fair	9	13.8	3	13.0
Good	18	27.7	5	21.7
Very Good	9	13.8	1	4.3
Do not know	28	43.1	14	60.9
Mean	3.95		3.70	
George Jr. Group Home				
Fair	8	12.3	3	12.5
Good	15	23.1	4	16.7
Very Good	12	18.5	3	12.5
Do not know	30	46.2	14	58.3
Mean	4.11		4.00	
Work Release				
Fair	5	7.6	3	13.0
Good	16	24.2	11	47.8
Very Good	12	18.2	7	30.4
Do not know	33	50.0	2	8.7
Mean	4.21		4.19	

Table 3.con't Program Ratings

Characteristic	Treatment Staff		Non-Treatment Staff	
	N	%	N	%
Inmate Work Program				
Fair	3	4.5	5	20.8
Good	16	24.2	8	33.3
Very Good	10	15.2	7	29.2
Do not know	37	56.1	4	16.7
Mean	4.24		4.10	
Jail Addiction Treatment				
Very poor	2	3.0	1	4.2
Poor	5	7.5	0	0.0
Fair	5	7.5	11	45.8
Good	16	23.9	4	16.7
Very Good	2	3.0	2	8.3
Do not know	37	55.2	6	25.0
Mean	3.37		3.33	
Truancy Intervention Program				
Very poor	3	4.5	0	0.0
Poor	2	3.0	0	0.0
Fair	3	4.5	2	8.7
Good	16	24.2	4	17.4
Very Good	8	12.1	5	21.7
Do not know	34	51.5	12	52.2
Mean	3.75		4.27	
Step-Out Program				
Very poor	0	0.0	1	4.2
Poor	4	6.1	0	0.0
Fair	3	4.5	6	25.0
Good	8	12.1	2	8.3
Very Good	4	6.1	8	33.3
Do not know	47	71.2	7	29.2
Mean	3.63		3.94	
Thinking for a Change				
Very poor	1	1.5	0	0.0
Poor	1	1.5	1	4.2
Fair	10	15.2	3	12.5
Good	11	16.7	5	20.8
Very Good	12	18.2	8	33.3
Do not know	31	47.0	7	29.2
Mean	3.91		4.18	

Table 3.con't Program Ratings

Characteristic	Treatment Staff N	%	Non-Treatment Staff N	%
Court Alcohol Drug Program				
Very poor	2	3.0	1	4.2
Poor	2	3.0	1	4.2
Fair	5	7.5	8	33.3
Good	9	13.4	3	12.5
Very Good	6	9.0	4	16.7
Do not know	43	64.2	7	29.2
Mean	3.62		3.47	
Overall Rating of Own Agency				
Fair	10	15.6	--	--
Good	38	59.4	--	--
Very Good	16	25.0	--	--
Mean	4.09			
Overall Rating of Treatment Programs in Grant County				
Poor	2	3.2	1	4.3
Fair	24	54.0	15	65.2
Good	26	41.3	6	26.1
Very Good	1	1.6	1	4.3
Mean	3.41		3.30	

Table 4. Ratings of Community Corrections Components

Characteristic	Treatment Staff		Non-Treatment Staff	
	N	%	N	%
Leadership				
Poor	4	6.0	4	17.4
Fair	11	16.4	7	30.4
Good	28	41.8	9	39.1
Very good	24	35.8	3	13.0
Mean	4.07		3.48	
Access to Leaders/Directors				
Poor	0	0.0	4	17.4
Fair	6	9.0	6	26.1
Good	24	35.8	7	30.4
Very good	37	55.2	6	26.1
Mean	4.46		3.65	
Assessment of Offenders				
Very poor	0	0.0	1	4.3
Poor	3	4.5	4	17.4
Fair	11	16.7	7	30.4
Good	37	56.1	10	43.5
Very good	15	22.7	1	4.3
Mean	3.97		3.26	
Communication of Staff				
Poor	3	4.5	7	30.4
Fair	8	11.9	6	26.1
Good	28	41.8	7	30.4
Very good	28	41.8	3	13.0
Mean	4.21		3.26	
Thoroughness of Case Files				
Very poor	0	0.0	2	8.7
Poor	1	1.5	2	8.7
Fair	12	18.5	9	39.1
Good	36	55.4	7	30.4
Very good	16	24.6	3	13.0
Mean	4.03		3.30	

Table 4 con't. Ratings of Community Corrections Components

Characteristic	Treatment Staff		Non-Treatment Staff	
	N	%	N	%
Cooperation among Staff				
Very poor	1	1.5	1	4.2
Poor	2	3.0	3	12.5
Fair	10	14.9	11	45.8
Good	24	35.8	6	25.0
Very good	30	44.8	3	12.5
Mean	4.19		3.29	
Morale of Staff				
Poor	4	6.0	5	21.7
Fair	17	25.4	13	56.5
Good	24	35.8	3	13.0
Very good	22	32.8	2	8.7
Mean	3.96		3.09	
Treatment Interventions				
Very poor	0	0.0	1	4.8
Poor	4	6.2	4	19.0
Fair	8	12.3	11	52.4
Good	39	60.0	4	19.0
Very good	14	21.5	1	4.8
Mean	3.97		3.00	
Interaction with Offenders				
Very poor	0	0.0	1	4.8
Poor	0	0.0	2	9.5
Fair	8	11.9	9	42.9
Good	39	58.2	7	33.3
Very good	20	29.9	2	9.5
Mean	4.18		3.33	
Recognition of Offenders' Needs				
Very poor	0	0.0	1	4.5
Poor	1	1.5	6	27.3
Fair	13	19.4	4	18.2
Good	34	50.7	9	40.9
Very good	19	28.4	2	9.1
Mean	4.06		3.23	

Table 4 con't. Ratings of Community Corrections Components

Characteristic	Treatment Staff		Non-Treatment Staff	
	N	%	N	%
Addressing Offenders' Needs				
Very poor	0	0.0	1	4.5
Poor	2	3.0	7	31.8
Fair	13	19.7	5	22.7
Good	35	53.0	7	31.8
Very good	16	24.2	2	9.1
Mean	3.98		3.09	
Involvement of Family Members				
Very poor	2	3.1	2	9.1
Poor	9	13.8	5	22.7
Fair	15	23.1	10	45.5
Good	21	32.3	4	18.2
Very good	18	27.7	1	4.5
Mean	3.68		2.86	
Interaction with Staff from Other Treatment Agencies				
Very poor	0	0.0	1	4.5
Poor	5	7.9	1	4.5
Fair	21	33.3	14	63.6
Good	25	39.7	5	22.7
Very good	12	19.0	1	4.5
Mean	3.70		3.18	
Interaction with Court Staff				
Very poor	1	1.6	1	4.3
Poor	2	3.1	5	21.7
Fair	11	17.2	7	30.4
Good	37	55.2	8	34.8
Very good	13	20.3	2	8.7
Mean	3.92		3.22	
Interaction with Jail Staff				
Poor	3	5.2	4	17.4
Fair	11	19.0	10	43.5
Good	34	50.7	7	30.4
Very good	10	17.2	2	8.7
Mean	3.88		3.30	

Table 4 con't. Ratings of Community Corrections Components

Characteristic	Treatment Staff		Non-Treatment Staff	
	N	%	N	%
Interaction with Law Enforcement Staff				
Poor	2	3.2	5	21.7
Fair	14	22.2	6	26.1
Good	33	52.4	10	43.5
Very good	14	22.2	2	8.7
Mean	3.94		3.39	

Table 5. Priorities of Community Corrections System

Characteristic	Treatment Staff		Non-Treatment Staff	
	N	%	N	%
Risk Management				
1	12	19.0	3	13.6
2	25	39.7	5	22.7
3	11	17.5	4	18.2
4	13	20.6	8	36.4
5	2	3.2	2	9.1
Treatment				
1	21	32.8	7	31.8
2	20	31.3	7	31.8
3	14	21.9	3	13.6
4	5	7.8	0	0.0
5	4	6.3	5	22.7
Cost Effectiveness				
1	8	12.5	4	18.2
2	11	17.2	2	9.1
3	13	20.3	5	22.7
4	17	26.6	7	31.8
5	15	23.4	4	18.2
Punitiveness				
1	3	4.7	0	0.0
2	7	10.9	2	9.1
3	8	12.5	4	18.2
4	16	25.0	6	27.3
5	30	46.9	10	45.5
Public Protection				
1	27	42.2	8	36.4
2	3	6.3	6	27.3
3	22	34.4	6	27.3
4	5	7.8	1	4.5
5	6	9.4	1	4.5

Figure 1: Grant County Program CPAI Scores
Grant County, Indiana
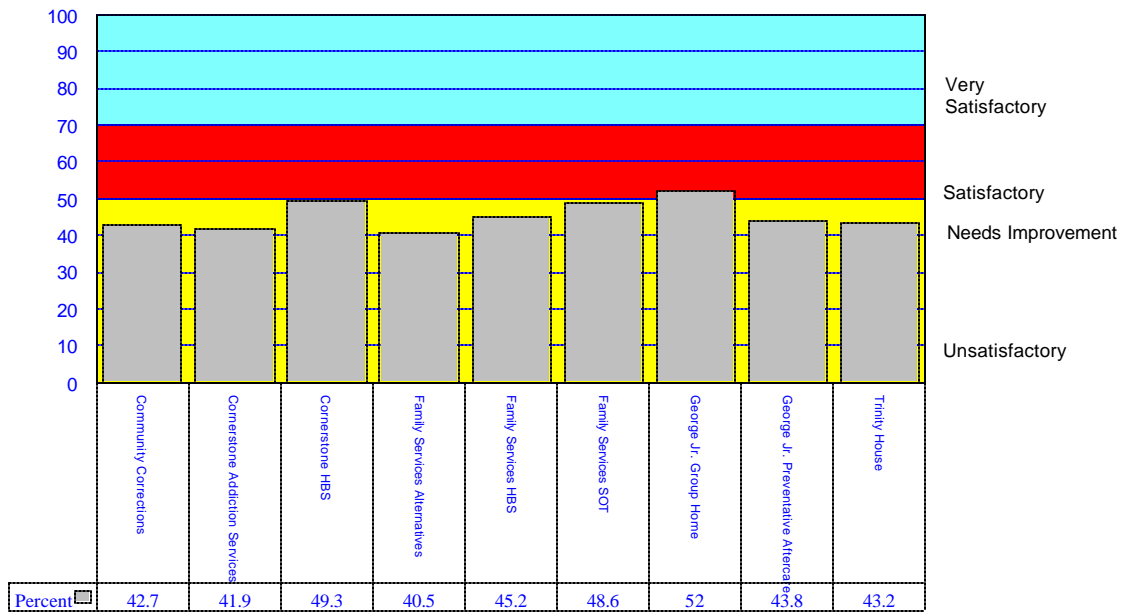
Percent	Community Corrections	Cornerstone Addiction Services	Cornerstone HBS	Family Services Alternatives	Family Services HBS	Family Services SOT	George Jr. Group Home	George Jr. Preventative Aftercare	Trinity House
	42.7	41.9	49.3	40.5	45.2	48.6	52	43.8	43.2

Chart categories (right axis): Very Satisfactory; Satisfactory; Needs Improvement; Unsatisfactory

Conducted September, 2002. Very Satisfactory=70% or higher; Satisfactory=60-69%; Needs Improvement=50-59%; Unsatisfactory=less than 50%.

APPENDIX C

CPAI INFORMATION FOR INDIVIDUAL PROGRAMS

Community Corrections provides outpatient services to adults and juveniles. The agency offers both treatment and supervision component. For the purposes of this assessment, the intensive outpatient substance abuse services and cognitive groups were examined. The agency is currently using the *Thinking For A Change* curriculum.

Community Corrections scored 42.7 percent on the CPAI, which falls into the "unsatisfactory" category. Specific components were assessed as follows:

Section	Score	Rating
Program Implementation	78.6%	Very Satisfactory
Client Pre-Service Assessment	72.7%	Very Satisfactory
Program Characteristics	8.0%	Unsatisfactory
Staff Characteristics	36.3%	Unsatisfactory
Evaluation	12.5%	Unsatisfactory
Other	100.0%	Very Satisfactory

Strengths:
- The program director is well qualified and involved with every aspect of the program.
- Offenders are appropriate for the services being provided.
- Risk and need levels are being assessed using a standardized and objective instrument.
- The program is targeting substance abuse and criminal thinking and the length of treatment is appropriate.
- The cognitive group is based on an appropriate model and staff use a manual.
- Staff participate in on-going trainings, feel they have input into the agency, and support the goals of treatment.
- The agency is currently reassessing offenders' levels of risk and need using a standardized and objective instrument.
- For the past two years, the program appears to be stable and has not experienced any significant changes.

Areas That Need Improvement:
- Literature reviews and formal pilots are not utilized when developing new program components.
- The program is not currently assessing offender responsivity using standardized and objective instruments.
- The IOP group is eclectic.
- Offenders have a great deal of unstructured free time and the program does not actively track or monitor the offenders' activities during that time.
- While the LSI is being used to determine placement into the agency, it is not being used to determine intensity and duration of services.
- Offenders are not matched to services or staff based on risk, need, or responsivity.
- Rewards and punishers are not appropriately designed or utilized by the program.
- While the cognitive group is utilizing some behavioral techniques, the IOP groups are more processing.
- Families are not consistently involved in treatment activities.
- Initial training for new staff is not of sufficient quality or time.
- Staff are not assessed on service delivery and was not currently receiving clinical supervision.
- The internal quality assurance mechanisms are lacking.
- The program has never been formally evaluated nor does it collect recidivism data.

CORNERSTONE ADDICTION SERVICES

Cornerstone Addiction Services provides drug and alcohol services and mental health services to offenders. The program has a continuum of care with the following interventions: detoxification, intensive outpatient, day treatment, and outpatient services. The program offers the following classes: substance abuse, employment, mental health, and anger management. The Addictions Services has been in operation for approximately 15 years. At the time of the assessment, the program employed 5 addictions counselors.

Cornerstone Addiction Services scored 41.9 percent on the CPAI, which falls into the "unsatisfactory" category. Specific components were assessed as follows:

Section	Score	Rating
Program Implementation	64.3%	Satisfactory
Client Pre-Service Assessment	27.2%	Unsatisfactory
Program Characteristics	8.0%	Unsatisfactory
Staff Characteristics	81.8%	Very Satisfactory
Evaluation	28.6%	Unsatisfactory
Other	100.0%	Very Satisfactory

Strengths:
- The program director is well-qualified and involved with selecting and supervising staff.
- Offenders are appropriate for the services being provided.
- The program has appropriate targets and is teaching offenders to recognize high-risk situations.
- Staff are well educated, receive clinical supervision, are assessed on skills related to service delivery, participate in on-going trainings, feel they have input into the agency, and support the goals of treatment.
- The program has formal internal quality assurance mechanisms in place.
- The program conducts a client satisfaction survey.
- For the past two years, the program appears to be stable and has not experienced any significant changes.

Areas That Need Improvement:
- The program director does not train the treatment staff or provide direct services to the offenders.
- Literature reviews and formal pilots are not utilized when developing new program components.
- The program is not currently assessing offender responsivity using standardized and objective instruments.
- The type of treatment is based on the disease model. The disease model has not been shown to be effective in reducing offenders' substance abuse or recidivism.
- Offenders only spend about 8 hours a week in treatment. Therefore, they have a great deal of unstructured free time and the program does not actively track or monitor the offenders' activities during that time.
- There is no formal mechanism in place to differentiate treatment (i.e., duration or length) based on risk level.
- Offenders are not matched to services or staff based on risk, need, or responsivity.
- Rewards and punishers are not appropriately designed or utilized by the program.
- The focus of the treatment groups are often education-based and processing instead of focusing on behavioral rehearsal techniques.
- While the juveniles' families are required to attend sessions, families of adults are not required to participate in treatment.
- Initial training for new staff is not of sufficient quality or time.
  The program has never been formally evaluated nor does it collect recidivism data.

Cornerstone Home Based Services provides intensive case management services to juveniles. Staff assist the families by providing training in social skills and parenting skills. The facility has been in operation since 1990 and receives most of its referrals from juvenile probation. At the time of the assessment, the facility employed 7 full-time staff.

Cornerstone Home Based Services scored 49.3 percent on the CPAI, which falls into the "unsatisfactory" category. Specific components were assessed as follows:

Section	Score	Rating
Program Implementation	71.4%	Very Satisfactory
Client Pre-Service Assessment	36.4%	Unsatisfactory
Program Characteristics	29.2%	Unsatisfactory
Staff Characteristics	72.7%	Very Satisfactory
Evaluation	14.3%	Unsatisfactory
Other	100.0%	Very Satisfactory

Strengths:
- The program director is well-qualified and involved with selecting and supervising staff.
- Juveniles are appropriate for the services being provided.
- The program is based on a social learning model, has appropriate targets, and assists juveniles in identifying triggers and practicing alternative situations to high-risk problems.
- The juveniles stay in the program for a sufficient length of time.
- Juveniles are in structured activities throughout the entire length of stay and their whereabouts are sufficiently monitored while at the facility.
- The program uses appropriate rewards.
- Staff work with the families in the home to teach them parenting skills.
- Staff are well-qualified, participate in on-going trainings, are assessed on skills related to service delivery, feel they have input into the agency, and support the goals of treatment.
- The initial training of staff is of sufficient length and quality.
- The program conducts a satisfaction survey.
- For the past two years, the program appears to be stable and has not experienced any significant changes.

Areas That Need Improvement:
- The program director does not train new staff nor does she provide direct services to the juveniles.
- Literature reviews and formal pilots are not utilized when developing new program components.
- The program is not assessing the risk, need, or responsivity levels of the juveniles using standardized and objective instruments.
- Juveniles have a great deal of free time and the program does not actively monitor or track the juvenile's activities during that time.
- There is no formal mechanism in place to differentiate treatment (i.e., duration or length) based on risk level.
- Juveniles are not matched to services or staff based on risk, need, or responsivity.
- The juveniles do not have a formal mechanism in place to provide input into the program structure or rules.
- There is not a formal mechanism in place to administer punishments and staff reported using punishments for compliance.
- When additional referrals are made, the staff will not follow-up if the referrals are outside of the agency.
- While the program has some criteria in place for completion, staff reported that juveniles would be terminated by judicial release from probation.
- The juveniles do not participate in booster sessions or aftercare once they are terminated from the program.
- The internal quality assurance mechanisms are lacking. Staff do not receive clinical supervision.
- The program is not collecting recidivism data and the program has never been formally evaluated.

Family Services Alternatives Batterers Program provides domestic violence services to adult male and female offenders. The program provides group work and targets increasing self-control and problem solving skills, improve skills in interpersonal conflict resolution, and focusing on the harm to the victim. The program has been in operation since 1987 and currently serves 26 offenders. The program employed two full-time staff and one part-time staff.

Family Services Alternatives Batterers Program scored 40.5 percent on the CPAI, which falls into the "unsatisfactory" category. Specific components were assessed as follows:

Section	Score	Rating
Program Implementation	50.0%	Needs Improvement
Client Pre-Service Assessment	27.2%	Unsatisfactory
Program Characteristics	16.0%	Unsatisfactory
Staff Characteristics	72.7%	Very Satisfactory
Evaluation	28.6%	Unsatisfactory
Other	100.0%	Very Satisfactory

Strengths:
- The program director selects and supervises the staff.
- Offenders are appropriate for the services being provided.
- The program has appropriate targets and is teaching offenders to recognize high-risk situations.
- The length of time in the program is of sufficient length.
- The program uses a manual for the treatment group.
- Staff are well-qualified, receive clinical supervision, participate in on-going trainings, feel they have input into the agency, and support the goals of treatment.
- The program has internal quality assurance mechanisms in place which includes a satisfaction survey, file review, and clinical supervision.
- For the past two years, the program appears to be stable and has not experienced any significant changes.

Areas That Need Improvement:
- The program director was not involved in designing the current program, nor does she assist in providing services to the offenders.
- Literature reviews and formal pilots are not utilized when developing new program components.
- The program is not assessing the offenders' risk, need, or responsivity levels using standardized and objective instruments.
- The focus of the domestic violence group is psychoeducational. This intervention is not as effective in changing antisocial behavior.
- Offenders have a great deal of unstructured free time and the program does not actively track or monitor their activities during that time.
- Offenders are not matched to services or staff based on risk, need, or responsivity.
- Treatment (i.e., duration or intensity) does not vary by risk level for the offenders.
- Aside from input into the treatment plan, there is no formal mechanism in place for offenders to have input into the program structure.
- Rewards and punishers are not appropriately designed or utilized by the program.
- There is no formal process in which to refer the offenders to additional agencies upon discharge.
- While the program staff are assisting offenders in identifying problem situations, there is no evidence that prosocial alternative thinking/skills are consistently practiced.
- Termination from the program is time-based and aftercare is voluntary.
- Initial training for new staff is not of sufficient quality or time and staff are not assessed on skills related to service delivery.
- The program has never been formally evaluated nor does it collect recidivism data.

FAMILY SERVICES HOME BASED PROGRAM

Family Services Home Based Program provides outcome based therapy and case management with the goal being to increase family preservation and/or reunification. Through this intervention staff target the youths' communication skills, anger management skills, improve school performance, decrease barriers to treatment, and decrease drug and alcohol use. At the time of the assessment, the program served 23 juveniles and employed five full-time staff and one part-time staff.

Family Services Home Based Program scored 45.2 percent on the CPAI, which falls into the "unsatisfactory" category. Specific components were assessed as follows:

Section	Score	Rating
Program Implementation	71.4%	Very Satisfactory
Client Pre-Service Assessment	27.2%	Unsatisfactory
Program Characteristics	20.8%	Unsatisfactory
Staff Characteristics	63.6%	Satisfactory
Evaluation	28.6%	Unsatisfactory
Other	100.0%	Very Satisfactory

Strengths:
- The program director is well qualified and involved with every aspect of the program.
- Juveniles are appropriate for the services being provided.
- The program has appropriate targets and is teaching juveniles to recognize high-risk situations.
- The length of time in the program is of sufficient length.
- The program uses appropriate rewards in an attempt to change behavior.
- The program has a family component in which staff have sessions with family members.
- Staff are provided with clinical supervision, participate in on-going trainings, feel they have input into the agency, and support the goals of treatment.
- The program has internal quality assurance mechanisms in place which include a satisfaction survey, file review, and clinical supervision.
- For the past two years, the program appears to be stable and has not experienced any significant changes.

Areas That Need Improvement:
- Literature reviews and formal pilots are not utilized when developing new program components.
- The program is not perceived to be valued by the criminal justice community and the funding suffers from a lack of referrals.
- The program is not assessing the juveniles' risk, need, or responsivity levels using standardized and objective instruments.
- The adolescent peer group is psychoeducational and the individual sessions are client centered. These interventions are not as effective in changing antisocial behavior.
- Juveniles have a great deal of unstructured free time and the program does not actively track or monitor their activities during that time.
- Juveniles are not matched to services or staff based on risk, need, or responsivity.
- Treatment (i.e., duration or intensity) does not vary by risk level for the juveniles.
- Aside from input into the treatment plan, there is no formal mechanism in place for juveniles to have input into the program structure.
- Punishers are not appropriately designed or utilized by the program.
- Staff are allowed only to make referrals in-house and not to other agencies.
- While the program staff are assisting juveniles in identifying thinking errors, there is no evidence that prosocial alternative thinking/skills are consistently practiced.
- Termination of the program is not based on the acquisition of new skills. Rather, termination is based on length of time on probation.
- While aftercare is provided, participation is voluntary and not all juveniles will participate.
- Initial training for new staff is not of sufficient quality or time.
- Staff are not assessed on skills related to service delivery.
- The program has never been formally evaluated nor does it collect recidivism data.

Family Services Sex Offender Program provides sex offender treatment to juvenile and adult males and females. The program has been in operation since 1984. At the time of the assessment, the program served 32 juveniles and 80 adults and employed two full-time therapists and one part-time counselor.

Family Services Sex Offender Program scored 48.6 percent on the CPAI, which falls into the "unsatisfactory" category. Specific components were assessed as follows:

Section	Score	Rating
Program Implementation	85.7%	Very Satisfactory
Client Pre-Service Assessment	27.2%	Unsatisfactory
Program Characteristics	20.0%	Unsatisfactory
Staff Characteristics	72.7%	Very Satisfactory
Evaluation	28.6%	Unsatisfactory
Other	100.0%	Very Satisfactory

Strengths:
- The program director is well-qualified and involved with all aspects of the program.
- Offenders are appropriate for the services being provided.
- The program has appropriate targets and is teaching offenders to recognize high-risk problem situations.
- The program is of sufficient length and there are formal completion criteria that are adhered to before the offender can successfully complete treatment.
- Staff are well-qualified, receive clinical supervision, participate in on-going trainings, feel they have input into the agency, and support the goals of treatment.
- The program has internal quality assurance mechanisms in place which include a satisfaction survey, file review, and clinical supervision.
- For the past two years, the program appears to be stable and has not experienced any significant changes.

Areas That Need Improvement:
- Literature reviews and formal pilots are not utilized when developing new program components.
- The program is not assessing the offenders' risk, need, or responsivity levels using standardized and objective instruments. The offender's risk of sexual reoffending is not assessed using standardized and objective instruments.
- The focus of the groups appear to be client-centered and incorporate more processing than behavioral rehearsal techniques.
- Offenders have a great deal of unstructured free time and the program does not actively track or monitor their activities during that time.
- Offenders are not matched to services or staff based on risk, need, or responsivity.
- Treatment (i.e., duration or intensity) does not vary by risk level for the offenders.
- Aside from input into the treatment plan, there is no formal mechanism in place for offenders to have input into the program structure.
- Rewards and punishers are not appropriately designed or utilized by the program.
- The program does not provide training to the offenders' family members to assist offenders in the community.
- Victims should not be in groups with offenders.
- While aftercare is provided, participation is voluntary and not all offenders will participate.
- Initial training for new staff is not of sufficient quality or time.
- Staff are not assessed on skills related to service delivery.
- The program has never been formally evaluated nor does it collect recidivism data.

George Junior Group Home is a residential facility for male youthful offenders and troubled adolescents. The group home is based on the counselor parent model in which the house parent is to be the role model who teaches the following skills: how to follow instructions, how to accept no for an answer, and how to accept constructive criticism. The group home utilizes a token economy in which youth must earn points throughout the day. George Junior Group Home in Indiana has been in operation since 1998. At the time of the assessment, the agency was serving 8 youth and employed 3 full-time "clinical" staff members.

George Junior Group Home scored 52 percent on the CPAI, which falls into the "needs improvement" category. Specific components were assessed as follows:

Section	Score	Rating
Program Implementation	64.3%	Satisfactory
Client Pre-Service Assessment	36.4%	Unsatisfactory
Program Characteristics	41.6%	Unsatisfactory
Staff Characteristics	63.6%	Satisfactory
Evaluation	28.6%	Unsatisfactory
Other	100.0%	Very Satisfactory

Strengths:
- The program director is well-qualified and involved in selecting and supervising staff.
- Juveniles are appropriate for the services being provided and the program has rational exclusionary criteria
- The juveniles stay in the home for a sufficient length of time.
- Juveniles are in structured activities throughout the entire length of stay and their whereabouts are sufficiently monitored while at the facility.
- The program uses appropriate rewards and punishers to change the juveniles' behaviors. The staff correctly administer the punishments, are aware of reactions to punishments, and will assist the juveniles after a punishment is administered.
- The program requires family sessions before the youth can leave for a home visit.
- Staff are well-qualified, participate in on-going trainings, receive clinical supervision, feel they have input into the agency, and support the goals of treatment.
- The program has formal mechanisms to monitor quality assurance.
- The program conducts a satisfaction survey.
- For the past two years, the program appears to be stable and has not experienced any significant changes.

Areas That Need Improvement:
- Literature reviews and formal pilots are not utilized when developing new program components.
- The program is not assessing the risk, need, or responsivity levels of the juveniles using standardized and objective instruments.
- The program needs to adopt targets and interventions that are related to recidivism.
- There is no formal mechanism in place to differentiate treatment (i.e., duration or length) based on risk level.
- Juveniles are not matched to services or staff based on risk, need, or responsivity.
- During the contacts with the juveniles and the family, the staff are basically processing any problems instead of relying on behavioral techniques such as role-playing and practicing alternatives to problems.
- The juveniles are typically released from the program by judicial release and booster sessions or aftercare is not required.
- Initial training for new staff is not of sufficient quality or time and staff are not assessed on skills related to service delivery
- While the program is collecting some recidivism data, the length of follow-up is insufficient. Furthermore, the program has never been formally evaluated.

George Junior Preventative Aftercare provides services to youth and their families. The services that are offered include intensive case management and counseling to improve family communication, structure, peer interactions, behavioral expectations, and social skills. Staff meet the youth in the home, school, and in the community. George Junior Preventative Aftercare in Indiana has been in operation since 1995. At the time of the assessment, the agency was serving 13 youth and employed 2 full-time staff members.

George Junior Preventative Aftercare scored 43.8 percent on the CPAI, which falls into the "unsatisfactory" category. Specific components were assessed as follows:

Section	Score	Rating
Program Implementation	78.6%	Very Satisfactory
Client Pre-Service Assessment	27.2%	Unsatisfactory
Program Characteristics	25.0%	Unsatisfactory
Staff Characteristics	45.5%	Unsatisfactory
Evaluation	14.3%	Unsatisfactory
Other	100.0%	Very Satisfactory

Strengths:
- The program director is well-qualified and involved with all aspects of the program.
- Juveniles are appropriate for the services being provided.
- The program has appropriate targets and the length of stay in the program is sufficient.
- The program uses appropriate rewards and punishers to change the juveniles' behaviors.
- The program works with the parents by providing parenting skills.
- Staff are experienced, participate in on-going trainings, feel they have input into the agency, and support the goals of treatment.
- The program conducts a satisfaction survey.
- For the past two years, the program appears to be stable and has not experienced any significant changes.

Areas That Need Improvement:
- Literature reviews and formal pilots are not utilized when developing new program components.
- The program is not assessing the risk, need, or responsivity levels of the juveniles using standardized and objective instruments.
- Juveniles have a great deal of unstructured free time and the program does not actively track or monitor the juveniles' activities during that time.
- There is no formal mechanism in place to differentiate treatment (i.e., duration or length) based on risk level.
- Juveniles are not matched to services or staff based on risk, need, or responsivity.
- While the program is using appropriate punishers, the procedure of punishment is inconsistent and there is no formal mechanism in place to determine detrimental effects of the punishments.
- During the contacts with the juveniles and the family, the staff are basically processing any problems instead of relying on behavioral techniques such as role-playing and practicing alternatives to problems.
- The juveniles are typically released from the program once they are terminated from probation and as such booster sessions are not required.
- Initial training for new staff is not of sufficient quality or time.
- Staff are not assessed on skills related to service delivery and were not currently receiving clinical supervision.
- The internal quality assurance mechanisms are lacking.
- While the program is collecting some recidivism data, the length of follow-up is insufficient. Furthermore, the program has never been formally evaluated.

Trinity House has been in operation in Grant County, Indiana since 1992. The agency provides crisis interventions, case management, intensive outpatient, outpatient, residential, and day treatment services to substance abusing adults and juveniles. At the time of the assessment, the agency was serving approximately 20 juveniles, 60 adults and employed 6 full-time staff.

Trinity House scored 43.2 percent on the CPAI, which falls into the "unsatisfactory" category. Specific components were assessed as follows:

Section	Score	Rating
Program Implementation	78.6%	Very Satisfactory
Client Pre-Service Assessment	27.2%	Unsatisfactory
Program Characteristics	12.0%	Unsatisfactory
Staff Characteristics	63.6%	Satisfactory
Evaluation	28.6%	Unsatisfactory
Other	100.0%	Very Satisfactory

Strengths:
- The program director is well-qualified and involved in every aspects of the program.
- Offenders are appropriate for the services being provided.
- The program has appropriate targets and is teaching offenders to recognize high-risk situations.
- The program has a suggestion box in which offenders can make suggestions. Also, the program conducts quarterly evaluations of all offenders for their input.
- Staff participate in on-going trainings, feel they have input into the agency, and support the goals of treatment.
- Staff receive clinical supervision and are assessed on skills that are related to service delivery.
- The program has internal quality assurance mechanisms in place.
- The program conducts a satisfaction survey.
- For the past two years, the program appears to be stable and has not experienced any significant changes.

Areas That Need Improvement:
- Literature reviews and formal pilots are not utilized when developing new program components.
- The program is not assessing risk, need, or responsivity using standardized and objective instruments.
- The treatment groups are based on the 12-step model and are education based.
- The length of treatment is not sufficient to change behavior.
- The program is eclectic in that there is no program manual. Rather, staff cover whatever elements they wish.
- Offenders have a great deal of unstructured free time and the program does not actively track or monitor the offenders' activities during that time.
- The treatment (i.e., intensity or duration) does not vary by risk level.
- Offenders are not matched to services or staff based on risk, need, or responsivity.
- Rewards and punishers are not appropriately designed or utilized by the program.
- While staff are assisting offenders in identifying triggers, there is no rehearsal of prosocial alternatives to high-risk situations.
- The completion of the program appears to be time-based. Offenders must complete 24 sessions.
- There is no formal mechanism in place to refer offenders to additional services.
- Families are not consistently involved in treatment activities.
- While the agency has aftercare sessions, participation is voluntary.
- The staff do not meet our criteria for education.
- Initial training for new staff is not of sufficient quality or time.
- The program has never been formally evaluated nor does it collect recidivism data.